

Control Number: 51415



Item Number: 85

Addendum StartPage: 0

SOAH DOCKET NO. 423-21-0538 PUC DOCKET NO. 51415

APPLICATION OF SOUTHWESTERN	§ 8	BEFORE THE STATE OFFICE
ELECTRIC POWER COMPANY FOR	8 §	OF
AUTHORITY TO CHANGE RATES	§	ADMINISTRATIVE HEARINGS

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

NOVEMBER 30, 2020

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SOAH DOCKET NO. 473-21-0538 PUC DOCKET NO. 51415

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-1:

Please provide a copy of the Texas Franchise Tax Form due to the Texas Comptroller of Public Accounts on May 15, 2020 (or as automatically extended because of COVID-19). If the Company has not yet filed such form, provide an explanation for why it has not been filed and provide a copy of any prepared draft of the form and calculation of the estimate of the taxes due along with any workpapers supporting the calculation.

Response No. Staff 5-1:

See Staff 5-1 CONFIDENTIAL Attachment 1 2020 Texas Unitary Franchise Tax(2019Income)

Staff 5-1 CONFIDENTIAL Attachment 1 responsive to this request is CONFIDENTIAL MATERIAL under the terms of the Protective Order. Due to current restrictions associated with COVID-19, this information is being provided electronically and a secure login to access the information will be provided upon request to individuals who have signed the Protective Order Certification.

Prepared By: James D. Spring Title: Regulatory Acctg Case Mgr

Sponsored By: Michael A. Baird Title: Mng Dir Acctng Policy & Rsrch

SOAH DOCKET NO. 473-21-0538 PUC DOCKET NO. 51415

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-2:

Provide copies of the quarterly Texas Gross Receipts Tax Reports that were filed during the test year and for each quarter subsequent to the test year.

Response No. Staff 5-2:

Please see Staff 5-2 Attachment 1 Quarterly Gross Receipts Tax Reports.

Prepared By: James D. Spring Title: Regulatory Acctg Case Mgr

Sponsored By: Michael A. Baird Title: Mng Dir Acetng Policy & Rsrch







Texas Miscellaneous Gross Receipts Tax Report Gas, Electric Light, Electric Power or Water Works Plants

a. T Code **2**3100 Type or print.

ou have certain rights under Chapters 552 and 559), Government Code
to review, request and correct information we ha	we on file about you
Contact us at the address or phone number	rs listed on this form

c Taxpayer number	d Taxab	le receipts for p	revious quarter ending	е		f Due date
1-72-0323455	i-8	QTR END	ING 06/30/2019)		07/31/2019
g Name and mailing SOUTHWESTERN ELEC PO BOX 24400	address (Make any necessary na		changes below)	Blac add by	ress has cha the preprinte	x if your mailing inged. Show changes 1.
CANTON OH 44701-44	00			long	ger in busin	x if you are no ess and write in the 2 out of business. — Month Day Year
See the instructions on	the back for complet	ing this re	port.	i	i	J.
Population Bracket	Taxable Receipts	Tax Rate	Tax	Due (Multiply Taxab	ele Receipts b	y Rate)
	GAS			0.00		
1. 1,000-2,499	0.00	.00581	1. ■	0.00		
2 2,500-9,999	0.00	01070	2. 🖳	0.00		
3 OVER 9,999	0.00	01997	3. ■	0.00		
4 Total tax due for gas	(Total of Items 1, 2 and 3)				4. =	0.00
	ELECTRICITY					
5 1,000-2,499	7,527,080.15	.00581	5			
6. 2,500-9,999 -	22,277,624.08		6. —			
7. OVER 9,999 8. Total tax due for elec	58,476,751.03 etricity (Total of Items 5, 6 an			,167,780.72	8	1,449,883.64
	WATER					
9. 1,000-2,499	0.00	.00581	9. =	0.00		
10. 2,500-9,999	0.00	.01070	10.	0.00		
11. OVER 9,999	0.00	.01997	11.	0.00		
12. Total tax due for wat	er (Total of Items 9, 10 and 1	1)			12. =	0.00
13 TOTAL TAX DUE (Tota	of Items 4, 8 and 12}				13. ■	1,449,883.64
	* * * DO NOT DET.	ACH * * *				
						0.00
14 Penalty due (See instruction 15 Interest due (See instruc						0.00
16. TOTAL AMOUNT DUE						1,449,883.64
			k.			1.
Taxpayer name						
\$0	UTHWESTERN ELEC	TRIC POW	ER COMPANY	E	FT PAY	DR
■ T Code ■ Taxpayer n	umber e Penod					
1-72-03	23455-8 191		the best of my know		agent	attachments is true and correct to
Make the amount in Item	16 navable to State Comptr	oller	sign here	-		aniel E. Emst

Mail to Comptroller of Public Accounts P O Box 149361 Austin, TX 78714-9361 20-103 (Rev 11-18/24)

TTT A

330-438-7063

Business phone

07/22/19

Date

Attachment 1







Texas Miscellaneous Gross Receipts Tax Report Gas, Electric Light, Electric Power or Water Works Plants

a. T Code **2**3100 • Type or print. You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you Contact us at the address or phone numbers listed on this form

l axpayer number	1	d Laxable	e receipts for p	revious quarter e	enaing E	,		1 Due date
1-72-03234	55-8		QTR END	DING 09/30/	2019	•		10/31/2019
g Name and mail	ing address (Make any ne	ecessary nar	ne or address	changes below)		h. IMPO		<u></u>
GOUTHWESTERN EL PO BOX 24400 CANTON OH 44701-4	ECTRIC POWER			,		address by the Blacker longer	has cha preprinte this bo in busine	x if your mailing inged. Show changes 1 de information. x if you are no less and write in the bout of business. Menth. Day. You have the state of the state o
ee the instructions			ng this re	port.		1.		j
Population Bracket	Taxable Rece	ipts	Tax Rate		Tax Due (Multipl	y Taxable F	eceipts by	y Rate)
1 1,000-2,499 -	GAS	0.00	00581	1, 💻	C	0.00		
2. 2,500-9,999		0.00	.01070	2. 🖳	C	0.00		·
3. OVER 9,999 ■ 4 Total tax due for g	as (Total of Items 1 2	0.00	01997	·		<u>).00</u>	ŀ, ■	0.0
1 10441 447 440 101 9	ELECTRICIT			-				
5. 1,000-2,499	10,663,5		.00581	5 🖳	61,955	5.18		
6. 2,500-9,999	31,349,6	<u> </u>	.01070	6	335,441	.25		
7. OVER 9,999 —_ 8 Total tax due for e	79,667,7				1,590,965		3. =	1,988,362.3
	WATER							
9 1,000-2,499		0.00	.00581	9.		0.00		
0 2,500-9,999		0.00	.01070	10 -		0.00		
11 OVER 9,999 ■_ 12 Total tax due for v	vater (Total of Items 9	0.00 0,10 and 11).00 1	2 =	0.0
3. TOTAL TAX DUE (1	otal of Items 4,8 an	nd 12}				1	3. ■	1,988,362.3
CARROLL ADVANCES AND THE	*** 00	NOT DETA	VH * * *					
14. Penalty due (See ins								0.0
15. Interest due (See ins	tructions)					1	5	0.0
6. TOTAL AMOUNT D	UE AND PAYABLE	(Item 13 pl	us Item 14 a	nd Item 15)		1	6 =	
					k. ■			l
			DIC DOM	/FR COMP/	ANY	EF.	ΓΡΑΥ	
axpayer name	SOUTHWESTER	N ELECT	KIC POW	LIC OOM 7				
		Period	RIC POW	TER GOINT				
■ T Code ■ Taxpay	rer number		KIC POW	I declare that the best of n	it the information in the	elief		attachments is true and corre
■ T Code ■ Taxpay	rer number	Period	RIC POW	I declare that the best of n	it the information in t	elief		

Mail to Comptroller of Public Accounts P O Box 149361 Austin, TX 78714-9361

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Comptniller 20-103
Accounts (Rev 11-18/24)

Texas Miscellaneous Gross Receipts Tax Report Gas, Electric Light, Electric Power or Water Works Plants

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you

a. T Code ■ 23100	 Type or print. 			C	ontact us at the add	ress or phone numbers listed on this form
c Taxpayer number	d Taxab	e receipts for p	revious quarter e	nding e		f Due date
■ 1-72-032345	5-8	QTR END	ING 12/31/	2019 =		1/31/2020
g Name and mailing SOUTHWESTERN ELE PO BOX 24400	address (Make any necessary na		changes below)	h.	address has ch	ox if your mailing hanged. Show changes 1.
CANTON OH 44701-44					longer in busii	ox if you are no ness and write in the out of business. ———————————————————————————————————
See the instructions or			<u> </u>			
Population Bracket	Taxable Receipts GAS	Tax Rate		Tax Due (Multiply T	axable Receipts i	by Rate)
1. 1,000-2,499	0.00	.00581	1. 💻	0.0	00	
2. 2,500-9,999	0.00	.01070	2.■	0.0	00	
3. OVER 9,999 •	0.00 (Total of Items 1, 2 and 3)	01997		0.0		0.00
4. Total tax due foi gas						
5. 1,000-2,499 -	ELECTRICITY 7,421,523.91	.00581	5.	43,119.0)5	
6. 2,500-9,999	21,122,419.13	.01070	6	226,009.8	<u> 88</u>	
7. OVER 9,999 <u></u>	55,030,600.41					1,368,090.02
o. Total tax due for elec						1,000,000.02
9. 1,000-2,499	<u>WATER</u> 0.00	.00581	9.■	0.0	00	
10. 2,500-9,999	0.00	.01070	10.	0.0	00	
11. OVER 9,999				0.0		0.00
	al of Items 4, 8 and 12)			_		
	*** DO NOT DET	ACH * * *				
14 Panalty due /See metry	ictions)				1.4	0.00
	actions)					
16. TOTAL AMOUNT DUE	E AND PAYABLE (Item 13 p	lus Item 14 an	nd Item 15)		16. ■	1,368,090.02
				k.		I.
Taxpayer name	OUTHWESTERN ELECT	TRIC POW	ER COMPA		EFT PAY	OR
■ T Code ■ Taxpayer r	number Penod					
1-72-03	323455-8 194		the best of m	the information in this y knowledge and belief axpayer or duly author		y attachments is true and correct to
Make the amount in Item	16 payable to State Comptr	olier	sign here	Named C. Emet		01 07 2020
Mail to Comptre	oller of Public Accounts		Business pho	ne 330-4	138-7063	Date
	TX 78714-9361		111	A		

20-103 (Rev 11-18/24)

lll A

Attachment 1







Texas Miscellaneous Gross Receipts Tax Report

Gas, Electric Light, Electric Power or Water Works Plants You have certain rights under Chapters 552 and 559, Government Code eview, request and correct information we have on file about you Contact us at the address or phone numbers listed on this form a. T Code ■ 23100 • Type or print. c Taxpayer number d Taxable receipts for previous quarter ending f Due date 1-72-0323455-8 QTR ENDING 03/31/2020 4/30/2020 g Name and mailing address (Make any necessary name or address changes below) h. IMPORTANT Blacken this box if your mailing address has changed. Show changes by the preprinted information. SOUTHWESTERN ELECTRIC POWER COMPANY PO BOX 24400 CANTON OH 44701-4400 Blacken this box if you are no longer in business and write in the date you went out of business. Day Month See the instructions on the back for completing this report. j. Taxable Receipts Tax Rate Population Bracket Tax Due (Multiply Taxable Receipts by Rate) GAS 0.00 .00581 0.00 1. 1.000-2.499 0.00 .01070 0.00 2. 2.500-9.999 0.00 .01997 3. OVER 9,999 -_ 0.00 4. Total tax due for gas (Total of Items 1, 2 and 3) **ELECTRICITY 7,804,525.49** .00581 45,344.29 5. 5 1,000-2,499 **22,165,507.73** .01070 237,170.93 6. 6 2,500-9,999 -_ **57,164,011.48** .01997 1,141,565.31 7. OVER 9,999 -_ 1,424,080.53 8. Total tax due for electricity (Total of Items 5, 6 and 7) WATER 0.00 .00581 0.00 9. 1,000-2,499 0.00 .01070 0.00 10. 10. 2,500-9,999 **0.00** .01997 11.■ 11. OVER 9,999 -0.00 12. Total tax due for water (Total of Items 9, 10 and 11) ---1,424,080.53 13 TOTAL TAX DUE (Total of Items 4, 8 and 12)..... 13. ■ * * * DO NOT DETACH * * * 0.00 14. Penalty due (See instructions)..... 15 Interest due (See instructions)____ 0.00 1,424,080.53 16. TOTAL AMOUNT DUE AND PAYABLE (Item 13 plus Item 14 and Item 15) Taxpayer name **EFT PAYOR** SOUTHWESTERN ELECTRIC POWER COMPANY

■ T Code ■ Penod Taxpayer number

> 1-72-0323455-8 194

Make the amount in Item 16 payable to State Comptroller

Mail to Comptroller of Public Accounts P O Box 149361 Austin, TX 78714-9361

20-103 (Rev 11-18/24)

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief Taxpayer or duly authorized agent sign) Namil E. Emat Business phone 330-438-7063 04-21-2020

lll A

SOAH Docket No. 473-21-0538 PUC Docket No. 51415 STAFF's 5th, Q. # STAFF 5-2

Attachment 1





Page 5 of 6

Texas Miscellaneous Gross Receipts Tax Report Gas, Electric Light, Electric Power or Water Works Plants

You have certain rights under Chapters 552 and 559. Government Code to review, request and correct information we have on file about you a. T Code = 23100 Type or print. Contact us at the address or phone numbers listed on this form. c Taxpaver number d Taxable receipts for previous quarter ending f. Due date 1-72-0323455-8 QTR ENDING 06/30/2020 7/31/2020 g Name and mailing address (Make any necessary name or address changes below) h. IMPORTANT Blacken this box if your mailing address has changed. Show changes by the preprinted information. SOUTHWESTERN ELECTRIC POWER COMPANY PO BOX 24400 Blacken this box if you are no longer in business and write in the date you went out of business. **CANTON OH 44701-4400** Month Dav See the instructions on the back for completing this report. j. Population Bracket Taxable Receipts Tax Rate Tax Due (Multiply Taxable Receipts by Rate) GAS 0.00 .00581 0.00 1. 1.000-2.499 0.00 0.00 .01070 2. 2.500-9.999 0.00 .01997 3. OVER 9,999 -_ 0.00 4. Total tax due for gas (Total of Items 1, 2 and 3) ------**ELECTRICITY 7,334,756.78** .00581 42,614.94 5. 1,000-2,499 **22,503,724.91** .01070 6. 240,789.86 6. 2.500-9.999 **58,312,474.69** 01997 1,164,500.12 7. OVER 9,999 -1,447,904.92 8. Total tax due for electricity (Total of Items 5, 6 and 7) **WATER** 0.00 .00581 0.00 9 ■ 9. 1,000-2,499 0.00 0.00 .01070 10. 2.500-9.999 10. **0.00** .01997 11.■_ 11. OVER 9,999 -0.00 12. Total tax due for water (Total of Items 9, 10 and 11) 13. TOTAL TAX DUE (Total of Items 4, 8 and 12)_____ 1,447,904.92 13 ■ *** DO NOT DETACH *** 0.00 14. Penalty due (See instructions)... 14. 0.00 15. Interest due (See Instructions) 1,447,904.92 16. TOTAL AMOUNT DUE AND PAYABLE (Item 13 plus Item 14 and Item 15) Taxpayer name SOUTHWESTERN ELECTRIC POWER COMPANY **EFT PAYOR**

■ T Code ■ Taxpayer number ■ Period

1-72-0323455-8

Make the amount in Item 16 payable to State Comptroller

Mail to Comptroller of Public Accounts P O Box 149361 Austin, TX 78714-9361

20-103 (Rev 11-18/24)

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief Taxpaver or duly authorized agent sign here Nam P. E. Ement Business phone 330-438-7063 Date 07/13/20

TIT A





Page 6 of 6

Texas Miscellaneous Gross Receipts Tax Report Gas, Electric Light, Electric Power or Water Works Plants

a. T Code ■ 23100 • Type or print.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you Contact us at the address or phone numbers listed on this form

a. 1 code = = = -,					
c Taxpayer number	d Taxable receipts for pr		e	1	f Due date
1-72-0323455-8		ING 09/30/2020			10/31/2020
g Name and mailing address (Make SOUTHWESTERN ELECTRIC POPO BOX 24400 CANTON OH 44701-4400	e any necessary name or address o	hanges below)	Black additions by the Black long	ess has cl he preprin ken this b er in busi	cox if your mailing thanged Show changes 1 ted information
_					
See the instructions on the back Population Bracket Taxable	for completing this repaired in the Receipts Tax Rate		(Multiply Taxab	le Receints	
GA		70%_000	(manipi) rando	10 1 10 co.p.to	J 1.0.0/
1. 1,000-2,499	0.00 00581	1 =	0.00		
2. 2,500-9,999	0.00 .01070	2. 🖳	0.00		
3. OVER 9,999 4. Total tax due for gas (Total of Ite.		3		4. ■	0.00
	RICITY	N=-			-1
	330,322.96 .00581	5. - 6	0,019.98		
6 2,500-9,999 - 30,	.01070	6. 33	0,068.32		
7. OVER 9,999 - 78,9 8. Total tax due for electricity (<i>Tot</i>	348,770.05 .01997	7. = 1,57		g =	1,964,697.44
<u>WA</u>		9.■	0.00		
9. 1,000-2,499		10 -			
0. 2,500-9,999 1 1. OVER 9,999 1		11 -			
2. Total tax due for water (Total of				12	0.00
3 TOTAL TAX DUE (Total of Items	4, 8 and 12)			13 ■	1,964,697.44
***	* * DO NOT DETACH * * *				Manager Manager Annager
					0.00
4 Penalty due (See instructions)					
a interest due (see instructions)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	••••		15	
6. TOTAL AMOUNT DUE AND PAY	ABLE (Item 13 plus Item 14 an	d Item 15)		16. ■	1,964,697.44
		k.			I.
sxpayer name SOUTHWES	STERN ELECTRIC POW			FT PAY	′OR
Taxpayer number	Penod				
1-72-0323455-8	203	I declare that the information best of my knowledge		ment and ar	ny attachments is true and correct to
			duly authorized	agent	Namifl. Ent
Make the amount in Item 16 payable Mail to Comptroller of Publi	·	Business phone	330-438	-7063	Date 10-09-2020
P O Box 149361 Austin, TX 78714-9		lll A			

20-103 (Rev 11-18/24)

lll A

SOAH DOCKET NO. 473-21-0538 PUC DOCKET NO. 51415

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-3:

Please provide a copy of the Company's most recent PUC Assessment Tax Report and the amount of the payment due.

Response No. Staff 5-3:

Please see Staff 5-3 Attachment 1 2020 PUC Assessment Tax Report.

Prepared By: James D. Spring Title: Regulatory Acctg Case Mgr

Sponsored By: Michael A. Baird Title: Mng Dir Acctng Policy & Rsrch





Gross Receipts Assessment Report

expayer number	Commission certificate number	Fo	or Comptroller's use only
17203234558		T Code	m 90100
Ta	expayer name and mailing address	Deposit	Code 230
Southwestern Electric Pop.O. Box 24400 Canton, Ohio 47401-44		Check busine	**
Enter the annual reporting period for	which this report is being filed.		
Calendar Reporting Period	Reporting Period	Assessment Period	Due Date

Calendar Reporting Period	Reporting Period	A:	ssessment Period	Due Date
2020	Annual	July	through June	August 15
REPORTING PERIOD	M	ONTHLY GROSS RECEIPT	S	QUARTERLY TOTALS
NEFORTING FERIOD	1st month	2nd month	3rd month	- GOARTERET TOTALS

REPORTING PERIOD	1st month	2nd month	3rd month	QUARTERLY TOTALS
1st Quarter	63,731,546 13	61,860,114 99	57,368,452 87	182,960,113 99
2nd Quarter	47,066,895 20	52,185,148 17	40,647,276 31	139,899,319 68
3rd Quarter	45,561,143 67	45,734,947 00	42,936,834 12	134,232,924 79
4th Quarter	41,262,610 81	44,234,267 86	55,002,852 01	140,499,730 68
Annual	July	through June		
Enter total receipts for the y	/ear		30	1. 597,592,089 14
2 TOTAL ASSESSMENT DUI				996,186 01
3 Deduct authorized overpays	ments applied to this period	nterest assessed)		3.
4. NET ASSESSMENT DUE (4 996,186 01
4.NET AGGEOGMENT DOE (nom 2 minus nom of 1, 1		, , , , , , , , , , , , , , , , , , ,	5.
5. Late filling penalty 10% of	Item 4 if report filed after du	e date		
6 Amount due (Item 4 plus Ite	em 5)			6 996,186 01
(pag %	. , , ,		•	7
7 Late payment interest starti	ng 31 days after due date	12 % per annum simple intere	est, based on Item 6	
8 TOTAL AMOUNT DUE AND	8 \$ 996,186 01			

Complete this report and make amount in Item 8 payable to STATE COMPTROLLER

Mail to COMPTROLLER OF PUBLIC ACCOUNTS 111 E. 17th Street Austin, Texas 78774-0100

	I declare that the above information is true and correct to the best of my knowledge and belief.								
sign here	Taxpayer or duly authorized a	Bent							
Daytime phone	614-716-249	6 Date 8/17/2020							

For tax assistance call 1-800-531-5441, extension 3-4276

SOAH DOCKET NO. 473-21-0538 PUC DOCKET NO. 51415

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-4:

Please provide the Company's FICA Form 941 for all quarters during and subsequent to the test year. Please update this response as additional quarterly reports are filed.

Response No. Staff 5-4:

See Staff 5-4 Attachment 1 for the Company's Form 941 for all quarters during and subsequent to the test year.

Prepared By: Randall W. Hamlett Title: Dir Regulatory Acctg Svcs

Sponsored By: Michael A. Baird Title: Mng Dir Acctng Policy & Rsrch

	dentification number (EIN) 72-0323455				
Name (no	demoles (div) 72 0020400			Report fo (Check one.	r this Quarter of 2019
	ot your trade name) SOUTHWESTERN	ELECTRIC POWER	COMPANY		ry, February, March
Trade nai	me (f any)			15	May, June August, September
Address	P.O.BOX 16428 AEP TAX	DEPARTMENT 15TH	FLOOR - PAYROLL		er, November, December
	Number Street		Suste or room number	Go to www i	rs gov/Form941 for and the latest information
	COLUMBUS Crty	OH State	43216-6428 ZIP code	motion of	and the latest meshaton
	Foreign country name	Foreign province/county	Foreign postal code		
ead the s	separate instructions before you con	plete Form 941 Type or	print within the boxes.		
Part≀1:	Answer these questions for this	s quarter.			
	imber of employees who received				1 6
inc	cluding: <i>Mar. 12</i> (Quarter 1), <i>June 12</i>	(Quarter 2), Sept. 12 (Qi	uarter 3), or Dec. 12 (Qua	arter 4) 1	1,5
2 Wa	ages, tips, and other compensation	n .		2	47,233,578 • 6
3 Fe	deral income tax withheld from wa	ages, tips, and other co	mpensation	. 3	7,208,282.8
4 lf r	по wages, tips, and other compen	sation are subject to so	ocial security or Medica	re tax	heck and go to line 6.
		Column 1	Colu	ımn 2	
5а Та	xable social security wages	49,574,683.34	× 0 124 = 6,147,	.260.73	
5b Ta	xable social security tips	8	× 0 124 =	10	
5c Ta	xable Medicare wages & tips	50,966,670.34	× 0 029 = 1,478,	,033.44	
	xable wages & tips subject to Iditional Medicare Tax withholding	998,550.14	× 0 009 = 8,	,986.95	
5e Ad	dd Column 2 from lines 5a, 5b, 5c,	and 5d		5e	7,634,281.1
5f Se	ection 3121(q) Notice and Demand	—Tax due on unreporte	ed tips (see instructions)	5f	
6 To	otal taxes before adjustments. Add	lines 3, 5e, and 5f	•	6	14,842,564.0
7 Cu	urrent quarter's adjustment for fra	ctions of cents .		7	. 5
8 Ct	urrent quarter's adjustment for sic	k pay		. 8	i i
9 Cı	urrent quarter's adjustments for tip	s and group-term life in	surance	9	9
10 To	otal taxes after adjustments. Comb	oine lines 6 through 9		10	14,842,564.5
11 Q:	ualified small business payroll tax cr	edit for increasing resea	ırch activities. Attach For	m 8974 11	
12 To	otal taxes after adjustments and c	redits. Subtract line 11 fr	rom line 10	12	14,842,564.5
	otal deposits for this quarter, incl rerpayments applied from Form 941-X,		•	1	14,842,564.5
14 Ba	alance due. If line 12 is more than lin	ne 13, enter the differenc	e and see instructions	14	
15 O	verpayment. If line 13 is more than line	e 12, enter the difference		Check one: Ap	ply to next return Send a re
	MUST complete both pages of Fo				Next Form 941 (Rev. 1-

Form **941** (Rev 1-2019)

SOAH Docket No. 471-21-0538 PUC Docket No. 51415 Staff 5th Q # Staff 5-4 Attachment 1 Page 2 of 23

				950217
Name (not your trade name)			Employer Identification	number (EIN)
Market Comment	CTRIC POWER COMPAN		72-0323455	
Pari 2 Tell us abou	t your deposit schedule	and tax liability for this quart	er.	
If you are unsure about of Pub, 15,	ut whether you are a mont	hly schedule depositor or a se	miweekly schedule depositor,	see section 11
16 Check one:	Incur a \$100,000 next-day do	eposit obligation during the current, 000 or more, you must provide a r	urn for the prior quarter was less at quarter. If line 12 for the prior qua ecord of your federal tax liability if weekly schedule depositor, attach S	rter was less than \$2,500 but you are a monthly schedule
	You were a monthly sch liability for the quarter, the		quarter. Enter your tax liability	for each month and total
	Tax liability: Month 1	a		
	Month 2			
	Month 3			
_	Total liability for quarter		Total must equal line 12.	
X		schedule depositor for any pa Semiweekly Schedule Depositor	art of this quarter. Complete Sirs, and attach it to Form 941.	chedule B (Form 941),
Pari 8. Tell us abou	it your business. If a que	stion does NOT apply to you	r business, leave it blank.	
17 If your business	has closed or you stopped	d paying wages		Check here, and
enter the final dat	e you paid wages			
18 If you are a seas	onal employer and you do	n't have to file a return for eve	ry quarter of the year	Check here
Part 4: May we spe	ak with your third-party	designee?		
Do you want to a for details	llow an employee, a paid ta	x preparer, or another person to	discuss this return with the IRS	? See the instructions
Yes Designe	ee's name and phone numb	er		
Select a	s 5-digit Personal Identificati	ion Number (PIN) to use when ta	ilking to the IRS	
□ No		(
Part 5: Sign here. Y	ou MUST complete both	pages of Form 941 and SIG	N it.	
			schedules and statements, and to t sed on all information of which prep	
Sign yo	ur 0/1/		Print your name here JENNIFE	R RAY JARVIS
name h		3	Print your title here PAYROLL	TAX LEAD
D	ate 04/10/2019		Best daytime phone (6	14) 716-1565
Paid Preparer Us	se Only		Check if you are self-er	mployed
Preparer's name			PTIN	
Preparer's signature			Date	
Firm's name (or yours if self-employed)			EIN	
Address			Phone	
City		State	ZIP code	
Page 2			98444	Form 941 (Rev 1-2019)

960311

Cchadula R /Form 0/11

	port of Tax Liab January 2017)	iiiLy	for Semiweekly Department of the		sury — Internal Revenue Se		F-300-35	OMB No 1545-0029
Emp EIN)	loyer identification number	er <u>7</u> :	2-0323455				(540542)(2	ort for this Quarter.
Jam	e fact your frade name). S	OUT	HWESTERN ELECT	PTC	POWER COMPANY		X 1	: January, February, March
10111	e piot your trade hame, <u>o</u>	001	midolant abecz	-120	S COURT CONTINUE		2	: April, May, June
Cale	ndar year	2	019	_	(Also o	heck	quarter) 3	: July, August, September
							4	: October, November, December
Fori Fori \$100	n 941-SS, don't chang n 941 or Form 941-SS	e yo if yo	ur tax liability by adjus ou're a semiweekly scl	tme hedu	nts reported on any Fo ale depositor or becan	rms ne oi	941-X or 944-X. You m ne because your accur	you file this form with Form 941 o ust fill out this form and attach it to nulated tax liability on any day was ages were paid. See Section 11 in
Mon		1]] [7	Tax liability for Month 1
1	1,006,50] 9 <u> </u>		17		25		Tox housing for motion (
2		10 	3	18	1,264,172.01	26 	•	2,577,325•60
3		11		19	***************************************	27	•	
4	1,312,147.09	12	я	20	W.	28		
5		13	1	21	MS	29	•	
6		14		22		30	*	
7		15		23	•	31		
8		16	•	24				
Mon		1		1		۱ ۱		Tax liability for Month 2
1	1,336,856.05	9		17		25		rax nability for Month 2
2	•] 10]		18		26		3,123,620.19
3] 11		19		27	•	
4	•	12	*	20	E INDI WA	28		
5	•	13		21		29)h	
6] 14		22	•	30		
7		15	1,262,348.28	23		31		
8	524,415.86	15	8	24				
Mor	oth 3	٦		ר		ר		Tax liability for Month 3
1	1,264,434.81	9	•] 17]	a	25		tax hability for months
2	465 = 51] 10 7	В] 18]		26		9,141,618.80
3	•	11] 19		27	9	
4	486.64	12		20		28	•	
5		13		21		29	1,420,336.50	
6		14		22		30	**	
7		15	1,265,458.01	23	•	31		
8	5,190,437.33	16		24				
								Total liability for the guarter

For Paperwork Reduction Act Notice, see separate instructions. IRS gov/form941

Total must equal line 12 on Form 941 or Form 941-SS.

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

14,842,564.59 Schedule B (Form 941) (Rev 1-2017)

rm 94 ev Januai	11 for 2019: Employ Department of Department	yer's QUARTERL of the Treasury — Internal Reven	Y Feder	al Tax Ref	turn	7501 OMB No 1545-
Employer	identification number (EIN) $72-032345$	5				this Quarter of 2019
Name (no	ot your trade name) SOUTHWESTERN	ELECTRIC POWER (COMPANY		COMMISSIONER	ry, February, March
Trade no	ime (if any)				X 2: April, 1	May, June
made na	inte (ii ariy)				3: July, A	august, September
Address	P.O.BOX 16428 AFP TAX Number Street	DEPARTMENT 15TH	FLOOR -			er, November, December
	COLUMBUS	OH	43216-	6428		rs gow/Form941 for and the latest information
	Crty	State	ZIP c	ode		
	Foreign country name	Foreign province/county	Foreign po	ostal code		
ead the	separate instructions before you co	mplete Form 941 Type or	print within t	he boxes		
ant 1.			·			
	umber of employees who received	• .	•			
in	cluding: Mar. 12 (Quarter 1), June	12 (Quarter 2), Sept. 12 (Qu	Jarter 3), or I	<i>Jec. 12</i> (Quarter	4) 1	1,
2 W	ages, tips, and other compensati	on .			2	30,454,097.9
3 Fe	ederal income tax withheld from v	vages, tips, and other co	mpensation	•	3	3,971,220
4 if	no wages, tips, and other compe	nestian are subject to so	cial socurity	or Madicara ta	. Пс	neck and go to line 6.
- "	no wages, ups, and other compe	Column 1	ciai security	Column		eck and go to mie v.
5a Ta	axable social security wages .	32,161,600.29] × 0 124 =	3,988,03	8 • 4 4	
5b Ta	axable social security tips		× 0 124 =			
5c Ta	axable Medicare wages & tips.	. 32,905,585.97	× 0 029 =	954,26	1.99	
	axable wages & tips subject to	369,028.16	× 0 009 =	3,32	1_25	
A	dditional Medicare Tax withholdii	19 505,025110	_] ^ 0 009 -	3,32	1823	
5e A	dd Column 2 from lines 5a, 5b, 5c	, and 5d	•		5e	4,945,621.6
5f S	ection 3121(q) Notice and Deman	d—Tax due on unreporte	d tips (see in	nstructions)	5f	
6 T	otal taxes before adjustments. Ad	ld lines 3, 5e, and 5f			6	8,916,842.4
7 ^		nations of south			7	(*)
7 C	urrent quarter's adjustment for fo	actions of cents .			'	(= 1
8 C	urrent quarter's adjustment for s	ick pay		•	8	
9 C	urrent quarter's adjustments for t	ips and group-term life in	surance .		. 9	
10 T	otal taxes after adjustments. Con	abine lines 6 through 9			10	8,916,842.
11 Q	ualified small business payroll tax	credit for increasing resea	rch activities	. Attach Form 89	74 11	
12 T	otal taxes after adjustments and	credits. Subtract line 11 fr	om line 10		12	8,916,842.
	otal deposits for this quarter, in verpayments applied from Form 941					8,916,842
			, ,	•		0, 210, 042 8.
	lalance due. If line 12 is more than		e and see ins		14	
		400 1 11 1/22		100	ck one. Apr	oras trada I I a de la compansión de la co
	verpayment. If line 13 is more than in MUST complete both pages of F			Une	CK OHEApp	oly to next return Send a

SOAH Docket No 471-21-0538 PUC Docket No. 51415 Staff 5th Q # Staff 5-4 Attachment 1 Page 5 of 23

					950217
ame (not your trade name)				Employer identification	on number (EIN)
DAMAS ACIDS	CTRIC POWER COMPA			72-0323455	
25.456.363	rt your deposit schedule				
of Pub. 15.	ut whether you are a mon	•		•	
16 Check one:	incur a \$100,000 next-day d line 12 on this return is \$100	eposit obligation during ti 0,000 or more, you must p	ne current quart rovide a record o	er. If line 12 for the prior of your federal tax liability	ss than \$2,500, and you didn' juarter was less than \$2,500 bu . If you are a monthly schedule h Schedule B (Form 941) Go to
	You were a monthly soll liability for the quarter, the	•	e entire quart	er. Enter your tax liabil	ity for each month and tota
	Tax liability: Month 1				
	Month 2				
	Month 3		•		
	Total liability for quarter		T	otal must equal line 12	2.
X	You were a semiweekly Report of Tax Liability for				Schedule B (Form 941),
art 3. Tell us abou	ut your business. If a que	stion does NOT apply	to your busi	ness, leave it blank.	
17 If your business	has closed or you stoppe	d paying wages			Check here, and
enter the final da	te you paid wages				
	sonal employer and you de	on't have to file a return	n for every qua	orter of the year	Check here
V-2/12 SA	eak with your third-party				
85 - RESTANT	llow an employee, a paid ta		erson to discus	ss this return with the If	RS? See the instructions
Yes. Designe	ee's name and phone numb	er			
Select a	a 5-digit Personal Identificat	ion Number (PIN) to use	when talking t	o the IRS	
∐ No					
Part 5. Sign here. \	You MUST complete bot	n pages of Form 941 a	and SIGN it		
	r, I declare that I have examined ct, and complete Declaration of				
Sign vo		7		Print your name here JENNIE	FER RAY JARVIS
Sign yo name h				Print your	L TAX LEAD
8	07/10/0210			.	
	late 07/10/2019			Best daytime phone	······································
Paid Preparer U	se Only			Check if you are self	-employed
Preparer's name				PTIN L	
Preparer's signature				Date	
Firm's name (or yours [if self-employed)				EIN	
Address				Phone	
City		s	tate	ZIP code	
Page 2	to the second	The state of the s			Form 941 (Rev 1-201
~5~ ~					· · · · · · · · · · · · · · · · · · ·

Schedule B (Form 941):

		lity	_		hedule Deposit			OMB No 1545-0029
(Rev .	January 2017)		Department of the	i frea:	sury — Internal Revenue Se	rvice	Repo	nt for this Quarter
Emplo (EIN)	oyer identification numbe		2-0323455	one.)				
		January, February, March						
Name	(not your trade name) <u>5</u>	JU 1	HWESTERN ELECT	KIC	POWER COMPANY		X 2:	April, May, June
Calen	dar year	2	019		(Also c	heck	quarter) 3:	July, August, September
	,				,			1
							4 :	October, November, December
Form Form \$100 Pub.	n 941-SS, don't change n 941 or Form 941-SS ,000 or more. Write y 15 for details.	if yo	ur tax liability by adjus ou're a semiweekly sc	tmei hedu	nts reported on any Fo ile depositor or becan	rms ie o	941-X or 944-X. You mi ne because your accum	you file this form with Form 941 or ist fill out this form and attach it to ulated tax liability on any day was ges were paid. See Section 11 in
Mont	h 1			ז ר		1		
1	1,006.52	9	*	17	2	25	•	Tax liability for Month 1
2	4	10	×	18	В	26	1,552,302.41	2 015 220 20
3	•	11		19	a a	27	A	2,915,330 • 38
4	_	12	1,362,021.45	20		28	a	
Ē				i		ĺ		
5 [13] 21]		29		
6 L		14	3] 22]		30		
7 [15		23		31	•	
8	*	16		24	R			
Mont	h 2	1 1		-,		1		
1	1,006.50	9	F	17	a	25		Tax liability for Month 2
2	65,722.26	10	1,451,087.87	18		26	•	3,231,194.77
3	•	11	F	19		27		7/332/337
4 [¥	12		20		28		
5	=	13	•	21	•	29		
6	đ	14		22		30		
7		15		23		31		
i		16	_	24	1,713,378.14]		
8 [Mon	th 3	J 10	<u> </u>		(1),115/5/5	J		
1	1,006.50	9		17		25		Tax liability for Month 3
2		10		18		26		
Ì		i	<u> </u>	Ę.		า์		2,770,317.20
3 [] 11]		_] 19]		∫ 27]		
4 [•] 12]] 20		」28 7		
5		13	•	21	1,340,834.57	29	•	
6		14		22	В	30		
7	1,428,476.13	15		23	•	31		
8	*	16	•	24	t t			
								Total liability for the quarter
			Fill in your t				I + Month 2 + Month 3) ►	8,916,842.35
Total must equal line 12 on Form 941 or Form 941-SS. For Paperwork Reduction Act Notice, see separate instructions. IRS gov/form941								Schedule B (Form 941) (Rev 1-2017)

orm (141 for 2019: Employe Department of the	er's QUARTERL ne Treasury — Internal Reven	Y Feder	al Tax Re	turn	950117 OMB No 1545-0029					
Emplo	yer identification number (EIN) 72-0323455				Report fo	or this Quarter of 2019					
Name	a (not your trade name) SOUT HWESTERN	ELECTRIC POWER (COMPANY		-	ary, February, March					
	e name (ff any)				2: April,	May, June					
made	- Hame (a dity)				X 3: July,	August, September					
Addre	P.O.BOX 16428 AEP TAX D Number Street	EPARTMENT 15TH		PAYROLL om number	1 —	per, November, December Irs gov/Form941 for					
	COLUMBUS	ОЧ	43216~	6428		and the latest information					
	City	State	ZIP	code							
	Foreign country name	Fareign province/county	Foreign p	ostal code							
tead t	he separate instructions before you com	plete Form 941 Type or	print within	the boxes							
2011	· · · · · · · · · · · · · · · · · · ·										
1	Number of employees who received wincluding: Mar. 12 (Quarter 1), June 12	•	•			1,460					
2	Wages, tips, and other compensation				2	39,568,827.02					
3	Federal income tax withheld from wa	ges, tips, and other co	mpensation	,	3	6,347,508.61					
4	If no wages, tips, and other compens	ation are subject to so Column 1	cial security	or Medicare to Column		heck and go to line 6.					
5a	Taxable social security wages	35,247,858.25	× 0 124 =	4,370,73							
5b	Taxable social security tips		× 0 124 =		9						
5c	Taxable Medicare wages & tips	36,915,815.21	× 0 029 =	1,070,55	8.64						
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	528,560.30	× 0 009 =	4,75	7.04						
5e	Add Column 2 from lines 5a, 5b, 5c, a	nd 5d			5e	5,446,050.10					
5f	Section 3121(q) Notice and Demand-	-Tax due on unreporte	d tips (see 11	nstructions)	5f						
6	Total taxes before adjustments. Add	lines 3, 5e, and 5f			6	11,793,558.71					
7	Current quarter's adjustment for frac	tions of cents		•	7	(.19)					
8	Current quarter's adjustment for sick	c pay			8						
9	Current quarter's adjustments for tips	and group-term life in	surance .		9	4					
10	Total taxes after adjustments. Combi	10	11,793,558.52								
11	Qualified small business payroll tax cre	edit for increasing resea	rch activities	3. Attach Form 8	974 11						
12	Total taxes after adjustments and cre	edits. Subtract line 11 fr	om line 10		12	11,793,558,52					
13	Total deposits for this quarter, incluoverpayments applied from Form 941-X,					11,793,558.52					
14	Balance due. If line 12 is more than lin	e 13, enter the difference	e and see ins	structions	14	4					
15	Overpayment, If line 13 is more than line										
,0	Overpayment, if line 15 is more than line			· Che	LON DITE LA	opty to next return Send a refund					

ISA For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Form **941** (Rev 1-2019)

SOAH Docket No 471-21-0538 PUC Docket No. 51415 Staff 5th Q. # Staff 5-4 Attachment 1 Page 8 of 23

				950217
Name (not your trade name)			Employer identific	ation number (EIN)
SOUTHWESTERN ELECTRIC	POWER COMPANY		72-0323455	
Part 2: Tell us about your o	deposit schedule and tax li	ability for this quarter.		
If you are unsure about wheth of Pub. 15.	ner you are a monthly sched	lule depositor or a semi	weekly schedule depo	sitor, see section 11
16 Check one: Line 12 Incur a	\$100,000 next-day deposit obliq on this return is \$100,000 or mo	gation during the current quee, you must provide a reco	uarter. If line 12 for the pric ord of your federal tax liabi	less than \$2,500, and you didn't or quarter was less than \$2,500 but lity. If you are a monthly schedule tach Schedule B (Form 941) Go to
	rere a monthly schedule dep of for the quarter, then go to Pa		ıarter. Enter your tax lia	bility for each month and total
Tax lia	bility: Month 1			
	Month 2	•		
	Month 3	P		
Total lia	bility for quarter	•	Total must equal line	12.
	rere a semiweekly schedule t of Tax Liability for Semiweek			
Part 3: Tell us about your l	business. If a question doe	es NOT apply to your b	usiness, leave it blanl	ζ.
17 If your business has clo	ead or you stonged naviga	Nance		Check here, and
17 II your business has clo	sed of you stopped paying t	wages		Check here, and
enter the final date you pa	aid wages			
18 If you are a seasonal en	nployer and you don't have t	to file a return for every	quarter of the year	Check here
Part 4: May we speak with	your third-party designee	?		
	employee, a paid tax preparer	, or another person to dis	scuss this return with the	e IRS? See the instructions
for details		<u></u> .		
Yes Designee's nam	ne and phone number			
Select a 5-digit	Personal Identification Number	er (PIN) to use when talkii	ng to the IRS	
□ No.				
Part 5: Sign here. You MU	ST complete both pages o	of Form 941 and SIGN i	t.	
Under penalties of penjury, I declare and belief, it is true, correct, and co				
Sign your	$ \alpha$,	erne, water hills hely art on the state of the question a bibliographic former administrator persons and	Print your JENN	UIFER RAY JARVIS
name here			Print your title here PAYR	OLL TAX SUPERVISOR
Data -	0/10/2019		Post daytime shore	(614) 716-1565
	0/10/2019		Best daytime phone	
Paid Preparer Use Only	<u> </u>		Check if you are s	elf-employed
Preparer's name			PTIN	
Preparer's signature			Date	
Firm's name (or yours f self-employed)			EIN	
Address			Phone	-,44
City		State	ZIP code	

Page 2

Form **941** (Rev 1-2019)

Schedule	B	(Form	941):
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	port of Tax Liabi	lity			chedule Deposit			OMB No 1545-C029
Emp (EIN)	loyer identification numbe		2-0323455				Chec.	rt for this Quarter
Nam	e (not your trade name) So	DUT	HWESTERN ELECT	RIC	POWER COMPANY	7		January February, March April, May, June
Cale	ndar year	2	019		(Also c	heck	quarter) X 3	July, August, September
							4	October, November, December
Form \$10	n 941-SS, don't change n 941 or Form 941-SS	you if yo	ur tax liability by adjus ou're a semiweekly so	tme:	its reported on any Fo ile depositor or becar	rms ne o	941-X or 944-X. You m ne because your accun	you file this form with Form 941 or ust fill out this form and attach it to nulated tax liability on any day was ages were paid. See Section 11 in
Mon	th 1							
1	1,020.45	9 [a	17		25		Tax liability for Month 1
2		10	В] 18	8	26	•	4,889,792 -88
3		11] 19 [1,712,508.01	27		4,003,732.00
4		12		20	•	28		
5	1,615,791.62	13		21		29		
6		14	,	22	A	30		
7		15	1,560,472.80] 23	9] 31	•	
8	•	16	R	24	*]		
Mor	ath 2	1 1		-		٦		
1	1,020,41	9		17	# ### 175 175	25		Tax liability for Month 2
2	1,296,452.72	10	•	18		26	•	3,980,653•77
3		11		19		27		
4		12	•	20		28	R R	
5		13		21		29	*	
6		14		22	9,791.26	30	1,397,487.80	
7		15		23	b	31		
8	•	16	1,275,901.58	24	*			
Moi	nth 3	1		_		7		To Cab Div Facility
1	1,020-47	9	*	17	•	25	•	Tax liability for Month 3
2		10	i i	18	N N] 26		2,923,111.87
3	•	11	×	19		27	1,335,558.69	
4		12	•	20		28	•	
5		13	1,586,532.71	21		29	•	
6		14		22		30		
7		15		23	*	31		
8	•	15		24				processing and the second seco
			Fiff in your	total i	ability for the quarter (%)	onth 1	I + Month 2 + Month 3) ►	Total liability for the quarter
			, iii et jour				orm 941 or Form 941-SS.	11,793,558.52
Eas	Panerwork Reduction	Art	Notice see senarate	instr	actions IRS apulfor	mad 1		Schodule B (Form 941) (Rev. 1-2017

SOAH Docket No 471-21-0538 PUC Docket No 51415 Staff 5th Q # Staff 5-4 Attachment 1 Page 10 of 23

	Jary 2019) Department of the Treasury — Internal Revenue Service	la serves.	OMB No 154
Employ	er identification number (EIN) 72-0323455	Report (Check o	for this Quarter of 201 ^{ne.)}
Name	(not your trade name) SOUTHWESTERN ELECTRIC POWER COMPANY	1: Jan	uary, February, March
Trade	name (if any)	2 Apr	il, May, June
			/, August, September
Addres	S P.O.BOX 16428 AEP TAX DEPARTMENT 15TH FLOOR - PAYROLL Number Street Sure or room number	-	ober, November, Decemb w irs gov/Form941 for
	COLUMBUS 0H 43216-6428		ns and the latest information
	City State ZIP code		
	Foreign country name Foreign province/country Foreign postal code		
Read th	e separate instructions before you complete Form 941 Type or print within the boxes		
Part 1:			
	Number of employees who received wages, tips, or other compensation for the pay peri ncluding: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter	4	1,
2 '	Nages, tips, and other compensation	. 2	29,813,706.
3 1	Federal income tax withheld from wages, tips, and other compensation	3	3,834,575.
4	f no wages, tips, and other compensation are subject to social security or Medicare ta	х 🗆	Check and go to line 6.
	Column 1 Column		
	Taxable social security wages 28,948,798.05 × 0 124 = 3,589,65	0.96	
	Faxable social security tips	•	
	Taxable Medicare wages & tips 31,910,165.17 × 0 029 = 925,39	4.79	
	Faxable wages & tips subject to Additional Medicare Tax withholding 769,939.85 × 0 009 = 6,92	9.46	
5e .	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	4,521,975.
5f :	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Fotal taxes before adjustments. Add lines 3, 5e, and 5f	6	8,356,550.
7	Current quarter's adjustment for fractions of cents	7	
		. [
8	Surrent quarter's adjustment for sick pay	8	
	Current quarter's adjustment for sick pay		_
9 1	Current quarter's adjustments for tips and group-term life insurance	9	9 356 550
9 1	Current quarter's adjustments for tips and group-term life insurance Fotal taxes after adjustments. Combine lines 6 through 9	9	
9 1 10 1	Current quarter's adjustments for tips and group-term life insurance Fotal taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 89	9	8,356,550.
9 1 10 1	Current quarter's adjustments for tips and group-term life insurance Fotal taxes after adjustments. Combine lines 6 through 9	9	8,356,550.
9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Current quarter's adjustments for tips and group-term life insurance Fotal taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 89	9 10 74 11 12 nd	8,356,550. 8,356,550.
9 110 111 112 113	Current quarter's adjustments for tips and group-term life insurance Fotal taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 89: Fotal taxes after adjustments and credits. Subtract line 11 from line 10 Fotal deposits for this quarter, including overpayment applied from a prior quarter a	9 10 74 11 12 nd	8,356,550. 8,356,550. 8,356,550.
9 10 11 12 113 114 114	Current quarter's adjustments for tips and group-term life insurance Fotal taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 89: Fotal taxes after adjustments and credits. Subtract line 11 from line 10 Fotal deposits for this quarter, including overpayment applied from a prior quarter a overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter. Balance due. If line 12 is more than line 13, enter the difference and see instructions	9 10 11 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	8,356,550. 8,356,550.

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				950217
Name (not your trade name	, ECTRIC POWER COMPA	NIV		Employer identification number (EIN) 72-0323455
	out your deposit schedule		warter	172-0323433
	<u> </u>		·	y schedule depositor, see section 11
of Pub. 15.	, , , , , , , , , , , , , , , , , , ,	,		,
16 Check one:	incur a \$100,000 next-day of line 12 on this return is \$10	deposit obligation during the o 0,000 or more, you must provi	urrent quarter. de a record of y	e prior quarter was less than \$2,500, and you didn' If line 12 for the prior quarter was less than \$2,500 bu your federal tax liability. If you are a monthly schedule hedule depositor, attach Schedule B (Form 941). Go to
	You were a monthly so liability for the quarter, th	•	ntire quarter.	Enter your tax liability for each month and total
	Tax liability: Month 1			
	Month 2		<u>. </u>	
	Month 3			
	Total liability for quarter		• Tota	l must equal line 12.
	-	schedule depositor for an Semiweekly Schedule Depo	• •	s quarter. Complete Schedule B (Form 941), lach it to Form 941
Part 3: Tell us abo	out your business. If a que	estion does NOT apply to	your busine	ss, leave it blank.
17 If your busines	s has closed or you stoppe	ed paying wages		. Check here, and
enter the final d	late you paid wages			
18 If you are a se	asonal employer and you d	on't have to file a return fo	r every quarte	er of the year
Part 4: May we s	peak with your third-party	designee?		4-4
Do you want to for details	allow an employee, a paid ta	ax preparer, or another perso	on to discuss t	his return with the IRS? See the instructions
Yes Desig	nee's name and phone numb	per		
Selec	t a 5-digit Personal Identifica	tion Number (PIN) to use wh	en talking to ti	ne IRS
☐ No				
Part 5: Sign here.	You MUST complete bot	h pages of Form 941 and	SIGN it.	
				and statements, and to the best of my knowledge information of which preparer has any knowledge
			1	nt your me here JENNIFER RAY JARVIS
Sign y			l _	nt your
	40		titl	e here PAYROLL TAX SUPERVISOR
	Date 01/10/2020		Be	est daytime phone (614) 716-1565
Paid Preparer (Jse Only		(Check if you are self-employed
Preparer's name				PTIN
Preparer's signature				Date
Firm's name (or yours if self-employed)				EIN
Address				Phone
City		State		ZIP code
Page 2				Form 941 (Rev 1-2019

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Schedule	B	(Form	941):
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	port of Tax Liab January 2017)	ility		_	chedule Deposit			OMB No 1545-0029
	oloyer identification number	er 7	2-0323455		•		Repo	ort for this Quarter cone:)
,	ne (not your trade name) S	– ניטס	THWESTERN ELECT	rric	C POWER COMPAN	,		January, February, March
	-							April, May, June
Cale	endar year	2	2019		(Also	heck	quarter) 3:	July, August, September
							X 4:	October, November, December
For For \$10	m 941-SS, don't chang m 941 or Form 941-SS	e yo	our tax liability by adjust ou're a semiweekly so	stme hed	nts reported on any Fo ule depositor or becar	rms ne o	941-X or 944-X. You me ne because your accun	you file this form with Form 941 or ust fill out this form and attach it to uulated tax liability on any day was ages were paid. See Section 11 in
Mor	nth 1	_		_				
1	1,020.41	9	•	17	•	25	1,411,551.18	Tax liability for Month 1
2		10	315.44] 18		26	3,004.66	2 705 670 04
3	12,790.07	11	1,367,198.08	19	•	27	•	2,795,879.84
4		12	•	20		28		
5		13		21		29		
6	•] 14		22		30		
7	•] 15		23		31		
8] 16		24	•			
Moi	nth 2	_						
1	1,020.43	9	292.30	17		25		Tax liability for Month 2
2	•	10		18		26		2,922,877.61
3		11	•	19		27	•	
4		12		20		28	•	
5		13		21		29		
6	•	14		22	1,371,175.91	30	•	
7		15		23		31	•	
8	1,550,388.97	16	<u> </u>	24				
Мо	nth 3	-		7		7		<u></u>
1	1,020.45	9] 17		25		Tax liability for Month 3
2	•] 10]		18		26	-	2,637,793.54
3] 11 7] 19		27	602.79	
4		12] 20 7	1,322,814.85	28	p	
5	•	13] 21] 29]		
6	1,313,345.89	14		22		30	<u> </u>	
7		15	•	_] 23 □] 31]	9.56	
8		16		24	•	J		Total liability for the quarter
			Fill in your to	otal li	ability for the quarter (Mo	nth 1	+ Month 2 + Month 3) ►	
_			Al-Al-				rm 941 or Form 941-SS.	8,356,550.99
FOI	Paperwork Reduction	ACT	Notice, see separate i	nstri	uctions. IRS gov/for	1941		Schedule B (Form 941) (Rev 1-2017)

2 Wages, tips, and other compensation 3 Federal income tax withheld from wages, tips, and other compensation 3 R, 074, 274-22 4 If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 5a Taxable social security wages . 53, 520, 384+12 × 0 124 = 6, 636, 527-63 5b Taxable social security tips × 0 124 = . 5c Taxable Medicare wages & tips 55, 415, 083.84 × 0 029 = 11, 607, 037-43 5d Taxable wages & tips subject to Additional Medicare Tax withholding 1, 301, 984-99 × 0 009 = 11, 717-86 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 6e 8, 255, 282-92 6f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 6f Total taxes before adjustments Add lines 3, 5e, and 5f 6 Current quarter's adjustment for fractions of cents 7 (.42 8 Current quarter's adjustment for sick pay 9 Current quarter's adjustments for tips and group-term life insurance 9 10 Total taxes after adjustments. Combine lines 6 through 9 10 16, 329, 556-72 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 15 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 11 Balance due. If line 12 is more than line 13, enter the difference ends see instructions 14	orm 9 Rev Jan	141 for 2020: Employer's QUARTERLY Federal Tax Re Department of the Treasury — Internal Revenue Service	eturn	95011 0MB No 1545-00
Address P.O. BOX 16428 AEP TAX DEPARTIENT 15TH FLOOR - PAYROI for Sure recentaries and the season and the latest information of the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 Wages, tips, and other compensation 2 Sign. 322, 0.35, 73 3 Federal income tax withhold from wages, tips, and other compensation 3 R, 0.74, 2.74, 2.2 4 If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 1 Column 2 Taxable social security tips	Employ	ver identification number (EIN) 72-0323455	Repo (Check	rt for this Quarter of 2020 one.)
Trade name of any) 2. April, May, June	Name	(not your trade name) SOUTHWESTERN ELECTRIC POWER COMPANY	X 1: J	anuary, February, March
Address P.O. DOX 16428 ACP TAX DEPARTMENT 15TH FLOOR - PAYROL 1 Thereby Ore Sure rices number COLUMBUS OH 43216-6428 COLUMBUS OH 43216-6428 Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations before you complete Form 941 Type or print within the boxes Tenegap particulations and the latest information Tenegap particulations Tenegap particulat			2: A	pril, May, June
COLUMBUS OH 43216-6428 Foreign postal code Read the separate instructions before you complete Form 941 Type or print within the boxes OH 2016 Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) Wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 Taxable social security wages . 53,520,384.12 0 124 = 6,636,527.63 Taxable social security tips . 0 124 = 6,636,527.63 Taxable social security tips . 0 124 = 6,636,527.63 Taxable social security in the did and the subject to Additional Medicare Tax withholding 1,301,984.99 On 009 = 11,717.86 Add Column 2 from lines 5a, 5b, 5c, and 5d Total taxes before adjustments Add lines 3,5e, and 5f Current quarter's adjustment for fractions of cents Current quarter's adjustment for tips and group-term life insurance Current quarter's adjustments for tips and group-term life insurance Current quarter's adjustments for tips and group-term life insurance Current quarter's adjustments and credits. Subtract line 11 from line 10 Total taxes after adjustments and credits. Subtract line 11 from line 10 Total deposits for this quarter, including owerpayment applied from a prior quarter and overpayments applied from Form 941.X, 941.X, PRI, 944.X, or 944.X, (SP) filed in the current quarter Tove MUST Complete both pages of Form 941 and SIGN it.	Haue	name (r any)	3. J	uly, August, September
COLUMBIOS Foreign power contents with the search of the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 Wages, tips, and other compensation 2 Wages, tips, and other compensation 3 R. 074, 274. 22 4 If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 Total taxes after adjustments Add lines 3, Se, and 5f Current quarter's adjustments for tips and group-term life insurance 9 Current quarter's adjustments for tips and group-term life insurance 9 Current quarter's adjustments for tips and group-term life insurance 9 Current quarter's adjustments and credits. Subtract line 11 from ine 10 10 Qualified small business payroll tax credit for increasing research activities. Altach Form 8974 11 Total taxes after adjustments and credits. Subtract line 11 from ine 10 10 Overpayment. If line 13 is more than line 12, enter the difference 10 Overpayment. If line 13 is more than line 12, enter the difference 11 Check one Add Stoke one Applysionesi return 12 Check one Applysionesi return 13 September 12 contents 14 Overpayment. If line 13 is more than line 12, enter the difference 15 Overpayment. If line 13 is more than line 12, enter the difference 16 Overpayment. If line 13 is more than line 12, enter the difference 17 Check one 18 Check one 19 Applysionesi return 19 Check one 10 Check one 10 Check one 10 Check one 10 Check one 11 Check one 12 Check one 13 Check one 14 Check one 15 Coverpayment. If line 13 is more than line 12, enter the difference 15 Check one 16 Check one 17 Check one 18 Check one 19 Check one 19 Check one 19 Check one 10 Check one 10 Check one 10 Check one 10 Check one 11 Check one 12 Check one 14 Check one 15 Check one 16 Check one 17 Check one 18 Chec	Addres		Go to w	ww irs gov/Form941 for
ead the separate instructions before you complete Form 941. Type or print within the boxes Answer these questions for this quarter. Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) Wages, tips, and other compensation Federal income tax withheld from wages, tips, and other compensation Federal income tax withheld from wages, tips, and other compensation If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 Check and go to line 6. Column 2 Taxable social security wages S3, 520, 384, 12 124 = 6, 636, 527, 63 Taxable wages & tips subject to additional Medicare wages & tips. Additional Medicare wages & tips. Add Column 2 from lines 5a, 5b, 5c, and 5d Add Column 2 from lines 5a, 5b, 5c, and 5d Current quarter's adjustments Add lines 3, 5e, and 5f Current quarter's adjustment for fractions of cents Current quarter's adjustment for sick pay Current quarter's adjustment for sick pay Current quarter's adjustment for sick pay Current quarter's adjustments. Combine lines 6 through 9 Current quarter's adjustments and credits. Subtract line 11 from line 10 Total taxes after adjustments and credits. Subtract line 11 from line 10 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (PR) filed in the current quarter You MUST complete both pages of Form 941 and SION it.			instructi	ions and the latest information
Minmber of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) Wages, tips, and other compensation Pederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from tax black to social security or Medicare tax Column 1 Column 2 Check and go to line 6. Check one Apply to metritum Send a reduction. Pour payment. If line 13 is more than line 13, enter the difference You MUST complete both pages of Form 941 and SIGN it.		Foreign country name Foreign province/county Foreign postal ccde		
Minmber of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) Wages, tips, and other compensation Pederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from wages, tips, and other compensation Rederal income tax withheld from tax black to social security or Medicare tax Column 1 Column 2 Check and go to line 6. Check one Apply to metritum Send a reduction. Pour payment. If line 13 is more than line 13, enter the difference You MUST complete both pages of Form 941 and SIGN it.	ead th	e separate instructions before you complete Form 941. Type or print within the boxes		
including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 1, 4 Wages, tips, and other compensation 2 51, 322, 035.7: Federal income tax withheld from wages, tips, and other compensation 3 8, 074, 274.22 If no wages, tips, and other compensation are subject to social security or Medicare tax Column 2 Column 2 Column 2 Taxable social security wages 53, 520, 384.12 × 0124 = 6, 636, 527.53 Taxable social security tips				
2 Wages, tips, and other compensation 2 \$\frac{51,322,035.73}{3.8,074,274.22}\$ 3 Federal income tax withheld from wages, tips, and other compensation 3 \$\frac{8,074,274.22}{2.22}\$ 4 If no wages, tips, and other compensation are subject to social security or Medicare tax \$\column 1\$ \$\column 2\$ \$\column 2\$ \$\frac{1}{2}\$ 5a Taxable social security wages \$\frac{53,520,384.12}{2.0124} \times 0.124 = \frac{6.636,527.63}{6.635,527.63}\$ 5b Taxable wages & tips \$\frac{55,415,083.84}{2.029} \times 0.029 = \frac{11,607,037.43}{1.607,037.43}\$ 5c Taxable Medicare wages & tips \$\frac{55,415,083.84}{2.029} \times 0.009 = \frac{11,717.86}{1.717.86}\$ 5e Add Column 2 from lines 5a, 5b, 5c, and 5d \$\frac{8,255,282.92}{2.025}\$ 5e Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) \$\frac{1}{2}\$ 6 Total taxes before adjustments Add lines 3, 5e, and 5f \$\frac{16,329,557.14}{2.025}\$ 7 Current quarter's adjustment for fractions of cents \$\frac{1}{2}\$ 8 Current quarter's adjustments for tips and group-term life insurance \$\frac{1}{2}\$ 9 Current quarter's adjustments for tips and group-term life insurance \$\frac{1}{2}\$ 10 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 \$\frac{1}{2}\$ 11 Total taxes after adjustments and credits. Subtract line 11 from line 10 \$\frac{1}{2}\$ 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 \$\frac{1}{2}\$ 13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter \$\frac{1}{2}\$ 13 Coverpayment. If line 12 is more than line 13, enter the difference and see instructions \$\frac{1}{2}\$ 14 Balance due. If line 12 is more than line 12, enter the difference and see instructions \$\frac{1}{2}\$ 15 Overpayment. If line 13 is more than line 12, enter the difference \$\frac{1}{2}\$ Check one \$\frac{1}{2}\$ Overpayment.		* * * * * * * * * * * * * * * * * * * *		
3 Federal income tax withheld from wages, tips, and other compensation 3 8,074,274.22 4 If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 5a Taxable social security wages . 53,520,384.12 × 0.124 = 6,636,527.63 5b Taxable social security tips × 0.124 = 5c Taxable Medicare wages & tips 55,415,083.84 × 0.029 = 1,607,037.43 5d Taxable wages & tips subject to		including: <i>Mar.</i> 12 (Quarter 1), <i>June</i> 12 (Quarter 2), <i>Sept.</i> 12 (Quarter 3), or <i>Dec.</i> 12 (Quarter	r4) 1 [_	1,47
If no wages, tips, and other compensation are subject to social security or Medicare tax Column 1 Column 2 5a Taxable social security wages . 53,520,384.12 × 0 124 = 6,636,527.63 5b Taxable social security tips	2	Wages, tips, and other compensation	2	51,322,035.73
Taxable social security wages	3	Federal income tax withheld from wages, tips, and other compensation	3	8,074,274.22
Taxable social security wages	4	If no wages, tips, and other compensation are subject to social security or Medicare t	ax	Check and go to line 6.
5b Taxable social security tips		•		s and and go to the of
Taxable Medicare wages & tips	5a	Taxable social security wages 53,520,384.12 × 0 124 = 6,636,52	7.63	
Taxable wages & tips subject to Additional Medicare Tax withholding 1,301,984.99 × 0 009 = 111,717.86 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 8,255,282.92 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 6 Total taxes before adjustments Add lines 3, 5e, and 5f 6 16, 329, 557.14 7 Current quarter's adjustment for fractions of cents 7 (.42 8 Current quarter's adjustment for sick pay 8 9 Current quarter's adjustments for tips and group-term life insurance 9 1 Total taxes after adjustments. Combine lines 6 through 9 10 16, 329, 556.72 1 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 2 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 16, 329, 556.72 3 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 16, 329, 556.72 4 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 5 Overpayment. If line 13 is more than line 12, enter the difference Check one Apply to next return Send a refuse of the supplement of the pages of Form 941 and SIGN it.	5b	Taxable social security tips × 0 124 =		
Additional Medicare Tax withholding 1,301,984.99 × 0 009 = 11,717.86 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 8,255,282.92 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 6 Total taxes before adjustments Add lines 3, 5e, and 5f 6 16,329,557.14 7 Current quarter's adjustment for fractions of cents 7 (.42 8 Current quarter's adjustment for sick pay 8 9 Current quarter's adjustments for tips and group-term life insurance 9 10 Total taxes after adjustments. Combine lines 6 through 9 10 16,329,556.72 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 16,329,556.72 13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 16,329,556.72 4 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 • Overpayment. If line 13 is more than line 12, enter the difference Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one Apply to next return Send a refurence Check one	5c	Taxable Medicare wages & tips 55,415,083.84 × 0029 = 1,607,03	7.43	
Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 56 57 58 58 58 59 59 59 50 50 50 50 50 50 50				
Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) Total taxes before adjustments Add lines 3, 5e, and 5f Current quarter's adjustment for fractions of cents Current quarter's adjustment for sick pay Current quarter's adjustments for tips and group-term life insurance Current quarter's adjustments. Combine lines 6 through 9 Total taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 Total taxes after adjustments and credits. Subtract line 11 from line 10 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X (SP) filed in the current quarter Balance due. If line 12 is more than line 13, enter the difference and see instructions Overpayment. If line 13 is more than line 12, enter the difference Check one		Additional Medicare Tax withholding $[1,301,984.99] \times 0.009 = [11,71]$	7.86	
Total taxes before adjustments Add lines 3, 5e, and 5f Current quarter's adjustment for fractions of cents Current quarter's adjustment for sick pay Current quarter's adjustments for tips and group-term life insurance Current quarter's adjustments. Combine lines 6 through 9 10 16, 329, 556.72 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 Total taxes after adjustments and credits. Subtract line 11 from line 10 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X (SP) filed in the current quarter Balance due. If line 12 is more than line 13, enter the difference and see instructions Overpayment. If line 13 is more than line 12, enter the difference Check one Apply to next return Send a refure Nou MUST complete both pages of Form 941 and SIGN It.	5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	8,255,282.92
Current quarter's adjustment for fractions of cents Current quarter's adjustment for sick pay Current quarter's adjustments for tips and group-term life insurance Current quarter's adjustments for tips and group-term life insurance Total taxes after adjustments. Combine lines 6 through 9 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 Total taxes after adjustments and credits. Subtract line 11 from line 10 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter Balance due. If line 12 is more than line 13, enter the difference Check one Apply to next return Send a refure to MUST complete both pages of Form 941 and SIGN it.	5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) .	5f	
8 Current quarter's adjustments for tips and group-term life insurance 9 10 Total taxes after adjustments. Combine lines 6 through 9 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 15 Overpayment. If line 13 is more than line 12, enter the difference Check oneApply to next return Send a refure to MUST complete both pages of Form 941 and SIGN it.	6	Total taxes before adjustments Add lines 3, 5e, and 5f	6	16,329,557.14
9 Current quarter's adjustments for tips and group-term life insurance 9 1 Total taxes after adjustments. Combine lines 6 through 9 10 16, 329, 556.72 1 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 2 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 16, 329, 556.72 3 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 16, 329, 556.72 4 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 5 Overpayment. If line 13 is more than line 12, enter the difference Check one Apply to next return Send a refu	7	Current quarter's adjustment for fractions of cents	7	(* 42)
Total taxes after adjustments. Combine lines 6 through 9 10 16, 329, 556.72 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 16, 329, 556.72 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 Check one Apply to next return Send a reful NOW MUST complete both pages of Form 941 and SIGN it.	8	Current quarter's adjustment for sick pay	8	
Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 Total taxes after adjustments and credits. Subtract line 11 from line 10 12 16, 329, 556.72 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter Balance due. If line 12 is more than line 13, enter the difference and see instructions Overpayment. If line 13 is more than line 12, enter the difference Check one Apply to next return Send a refu	9	Current quarter's adjustments for tips and group-term life insurance .	9	
Total taxes after adjustments and credits. Subtract line 11 from line 10 12 16,329,556.72 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 16,329,556.72 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 Overpayment. If line 13 is more than line 12, enter the difference Check one Applyto next return Send a refu	10	Total taxes after adjustments. Combine lines 6 through 9	10	16,329,556.72
Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 16, 329, 556.72 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 • Check one Apply to next return Send a refu	11	Qualified small business payroll tax credit for increasing research activities. Attach Form 89	74 11	
overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 16, 329, 556 72 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 Check one Apply to next return Send a reful You MUST complete both pages of Form 941 and SIGN it.	12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	16,329,556.72
15 Overpayment. If line 13 is more than line 12, enter the difference Check one Apply to next return Send a refu ▶ You MUST complete both pages of Form 941 and SIGN it.				16,329,556.72
➤ You MUST complete both pages of Form 941 and SIGN it.	14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
	15	Overpayment. If line 13 is more than line 12, enter the difference Chec	ck one	Apply to next return Send a refun
				Next ■

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					950217
Name (not your trade name)					cation number (EIN)
TENNESS OF THE PERSON OF THE P	CTRIC POWER COMPA			72-032345	5
Control of the Contro	t your deposit schedule				
If you are unsure about of Pub. 15,	ut whether you are a mon	thly schedule depo	sitor or a sem	iweekly schedule depo	ositor, see section 11
16 Check one:	incur a \$100,000 next-day d line 12 on this return is \$100	deposit obligation du 0,000 or more, you m	ing the current of ust provide a rec	<mark>juarter. If line 12 for the pri</mark> ord of your federal tax liab	s less than \$2,500, and you didn't for quarter was less than \$2,500 but filly If you are a monthly schedule ttach Schedule B (Form 941). Go to
	You were a monthly sch liability for the quarter, the	•	or the entire qu	u arter. Enter your tax li	ability for each month and total
	Tax liability: Month 1		•		
	Month 2			}	
	Month 3				
	Total liability for quarter	L		Total must equal line	
X	You were a semiweekly Report of Tax Liability for	•			ete Schedule B (Form 941), 11
Part 3: Tell us abou	t your business. If a que	estion does NOT a	pply to your b	usiness, leave it blan	k.
17 If your business	has closed or you stoppe	d paying wages			Check here, and
enter the final dat	e you paid wages				
18 If you are a seas	onal employer and you do	on't have to file a r	eturn for every	quarter of the year	Check here
	ak with your third-party				
	llow an employee, a paid ta		er person to di	scuss this return with th	e IRS? See the instructions
Yes Designe	e's name and phone numb	er			
_	i 5-digit Personal Identificat	tion Number (PIN) to	use when talkii	ng to the IRS	
∐ No					
Part 5: Sign here. Y	ou MUST complete both	h pages of Form 9	41 and SIGN i	t.	
	, I declare that I have examined ct, and complete Declaration of				nd to the best of my knowledge n preparer has any knowledge
Sign you				Print your JENN	VIFER RAY JARVIS
name h			-	Print your	ROLL TAX SUPERVISOR
Da	ate 04/10/2020			Best daytime phone	(614) 716-1565
Paid Preparer Us	e Only			Check If you are s	elf-employed .
Preparer's name				PTIN	
Preparer's signature				Date	
Firm's name (or yours if self-employed)				EIN	
Address	AND THE RESERVE OF THE PROPERTY OF THE PROPERT			Phone	
City			State	ZIP code	
Page 2		10-10-1	·		Form 941 (Rev 1-2020)

Schedule B (Form 941):

Report of Tax Liabil (Rev January 2017)	lity			chedule Deposit sury — Internal Revenue S			OMB No 1545-0029
Employer identification number (EIN)	7	2-0323455				(Check	one:))
Name (not your trade name) SC	ľUC	HWESTERN ELECT	RIC	C POWER COMPANY	<u>, </u>		January, February, March April, May, June
Calendar year	2	020	_	(Also	heck	quarter) 3	July, August, September
						4:	October, November, December
Form 941-SS, don't change Form 941 or Form 941-SS \$100,000 or more. Write yo Pub. 15 for details.	yo If y	ur tax liability by adjus ou're a semiweekly sc	tme hed	nts reported on any Fo lie depositor or becar	rms ne o	941-X or 944-X. You mi ne because your accum	you file this form with Form 941 or ust fill out this form and attach it to ulated tax liability on any day was uges were paid. See Section 11 in
Month 1			1	1,374,772.13]		Tax liability for Month 1
1 1,020.43	9	*] 17		25		
2	10] 18]	*	26	•	4,199,196.22
3 1,294,919.33	11	•] 19		27	•	
4	12	•] 20]	•] 28]	•	
5	13	•] 21]		29	•	
6	14	P] 22]		30		
7	15] 23 1] 31]	1,528,484.33	
8	16	•	24]		
Month 2 1 1,130 - 15	9	_	17		25		Tax liability for Month 2
			ĺ		i		
2	10		18		26		3,112,420.35
3	11		20		28	1,282,628.14	
4	13		21	513,205.05	29	[]	
5		1,315,457.01	ĺ	010,200.00	ĺ		
6	14] 22] 30		
7	15	•] 23	•] 31	<u> </u>	
8	16	•] 24	•	J		
1 1,018.54	9] 17		25		Tax flability for Month 3
2	10	#	18	•	26	•	0 012 040 15
3	11	•	19		27	1,330,020.02	9,017,940•15
4	12		20	•	28		
5	13	1,301,809.95	21	•	29		
6 6,381,297.81	14		22		30	•	
7	15	•	23	•	31		
8	16	3,793.83	24	-	ĺ		
- Landania		<u> </u>			,		Total liability for the quarter
		Fill in your to		ability for the quarter (Mon otal must equal line 12 o		•	16,329,556.72
For Paperwork Reduction	Act	Notice, see separate in				im 541 of FORM 341-35.	Schedule B (Form 941) (Rev 1-2017)

cinpicy	yer identification number (EIN) $72-0323455$					t for this Quarter of 2020 one.)
Name	(not your trade name) SOUTHWESTERN	ELICIRIC POWER C	OMPANY			nuary February, March
	name (if any)				X 2: A	oril, May, June
Haue	s name b arry)	<u> </u>			3: Ju	ily, August, September
Addre	P.O.BOX 16428 AEP TAX 5 Number Street	EPARTMENT 151H E	***************************************	PAYROLI om number		ctober, November, December
	COLUMBUS	OH	43216-	-6428		wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww
	City	State	ZIP	ccde		
	Foreign country name	Fareign province/county	Foreign p	ostal code		
ead th	ne separate instructions before you com	plete Form 941 Type or p	rınt within	the boxes		
art 1						
	Number of employees who received period including: June 12 (Quarter 2)	-	•	•	ay 1	1,4
2	Wages, tips, and other compensation				2	29,768,154.6
3	Federal income tax withheld from wa	ges tips and other com	nensation	1	3	3,778,427.5
					r	1
4	If no wages, tips, and other compens	ation are subject to soci Column 1	al security	y or Medicare ta Column		Check and go to line 6.
5a	Taxable social security wages	31,216,975.09	× 0 124 =	3,870,90	4.91	
5a	(i) Qualified sick leave wages	•	× 0 062 =			
5a	(ii) Qualified family leave wages		× 0 062 =		•	
5b	Taxable social security tips		× 0 124 =			
	Taxable Medicare wages & tips	32,136,018.71	× 0 029 =	931,94	4.54	
	Taxable wages & tips subject to Additional Medicare Tax withholding	501,058.35	× 0 009 =	4,50	9.53	
						4,807,358.9
	Total social security and Medicare taxe	s Add Column 2 from lines	5a, 5a(i), 5a	a(ii), 5b, 5c, and 5i	d 5e	
5e	Total social security and Medicare taxe Section 3121(q) Notice and Demand-		·		d 5e	8
5e 5f	·	-Tax due on unreported	·			8,585,786.5
5e 5f	Section 3121(q) Notice and Demand-	-Tax due on unreported ines 3, 5e, and 5f	·		5f [
5e 5f 6	Section 3121(q) Notice and Demand— Total taxes before adjustments. Add	-Tax due on unreported ines 3, 5e, and 5f tions of cents	·		5f [
5e 5f 6 7	Section 3121(q) Notice and Demand— Total taxes before adjustments. Add Current quarter's adjustment for frac Current quarter's adjustment for sick	-Tax due on unreported ines 3, 5e, and 5f tions of cents	tips (see in		5f	
5e 5f 6 7 8	Section 3121(q) Notice and Demand— Total taxes before adjustments. Add Current quarter's adjustment for frac Current quarter's adjustment for sick Current quarter's adjustments for tip	-Tax due on unreported ines 3, 5e, and 5f tions of cents pay s and group-term life ins	tips (see in		5f	8,585,786.5 .5
5e 5f 6 7 8	Section 3121(q) Notice and Demand— Total taxes before adjustments. Add a Current quarter's adjustment for frac Current quarter's adjustment for sick Current quarter's adjustments for tipe Total taxes after adjustments. Combin	-Tax due on unreported unes 3, 5e, and 5f tions of cents pay s and group-term life ins the lines 6 through 9	tips (see #	nstructions)	5f 6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	
5e 5f 6 7 8 9	Section 3121(q) Notice and Demand— Total taxes before adjustments. Add a Current quarter's adjustment for frac Current quarter's adjustment for sick Current quarter's adjustments for tip Total taxes after adjustments. Combin Qualified small business payroll tax cre	-Tax due on unreported unes 3, 5e, and 5f tions of cents pay s and group-term life ins the lines 6 through 9 dit for increasing research	tips (see in	nstructions) Attach Form 89	5f 6 7 8 9 10 74 11a	
5e 5f 6 7 8 9 10 11a	Section 3121(q) Notice and Demand— Total taxes before adjustments. Add a Current quarter's adjustment for frac Current quarter's adjustment for sick Current quarter's adjustments for tipe Total taxes after adjustments. Combin	-Tax due on unreported unes 3, 5e, and 5f tions of cents pay s and group-term life ins ne lines 6 through 9 dit for increasing research	tips (see in	nstructions) Attach Form 89	5f 6 7 8 9 10 74 11a	. 5

SOAH Docket No. 471-21-0538 PUC Docket No. 51415 Staff 5th Q. # Staff 5-4 Attachment 1 Page 17 of 23

		950220
Name (not your trade name)	Employer ident	ification number (EIN)
SOUTHWESTERN ELECTRIC POWER COMPANY	72-03234	55
Part 1 Answer these questions for this quarter. (continued)		
11d Total nonrefundable credits. Add lines 11a 11b, and 11c	11d	0.00
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from li	ine 10 12	8,585,787.03
13a Total deposits for this quarter, including overpayment applied from a prior qu overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current		7,966,402.50
13b Deferred amount of the employer share of social security tax	13b	619,384.53
13c Refundable portion of credit for qualified sick and family leave wages from Work	ksheet 1 13c	
13d Refundable portion of employee retention credit from Worksheet 1	13d	•
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c and 13d	1 13e	8,585,787.03
13f Total advances received from filing Form(s) 7200 for the quarter	13f	
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from	line 13e 13g	8,585,787.03
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	s 14	
15 Overpayment. If line 13g is more than line 12 enter the difference	Check one	Apply to next return Send a refund
Part 2: Tell us about your deposit schedule and tax liability for this quarter.		
If you're unsure about whether you're a monthly schedule depositor or a semiweekly so	chedule deposit	or, see section 11 of Pub. 15.
16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return and you didn't incur a \$100,000 next-day deposit obligation dur quarter was less than \$2,500 but line 12 on this return is \$100,000 federal tax liability. If you're a monthly schedule depositor, com semiweekly schedule depositor, attach Schedule B (Form 941) Go t	ring the current 10 or more, you plete the depos	quarter. If line 12 for the prior must provide a record of your
You were a monthly schedule depositor for the entire quarter. Inability for the quarter, then go to Part 3	Enter your tax ha	ability for each month and total
Tax liability: Month 1		
Month 2		
Month 3		
Total liability for quarter Total	must equal line	12.
You were a semiweekly schedule depositor for any part of this Report of Tax Liability for Semiweekly Schedule Depositors, and atta		,
► You MUST complete all three pages of Form 941 and SIGN it.		Next Form 941 (Rev 4-2020)

Page 2

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		950921
Name (not your trade name) SOUTHWESTERN ELECTRIC POWER COMPANY	72-03234	ntification number (EIN)
Part 3: Tell us about your business. If a question does NOT apply to your bu		
17 If your business has closed or you stopped paying wages		Check here, and
enter the final date you paid wages, also attach a statem	ent to your return S	See instructions
18 If you're a seasonal employer and you don't have to file a return for every qu	uarter of the year	Check here
19 Qualified health plan expenses allocable to qualified sick leave wages	19	
20 Qualified health plan expenses allocable to qualified family leave wages	20	
21 Qualified wages for the employee retention credit	21	
22 Qualified health plan expenses allocable to wages reported on line 21.	. 22	
23 Credit from Form 5884-C, line 11, for this quarter	23	•
Qualified wages paid March 13 through March 31, 2020, for the employ credit (use this line only for the second quarter filing of Form 941)	yee retention 24	•
25 Qualified health plan expenses allocable to wages reported on line 24 (use for the second quarter filing of Form 941)	this line only	•
Part 4: May we speak with your third-party designee? Do you want to allow an employee, a paid tax preparer, or another person to disc for details Yes Designee's name and phone number Select a 5-digit personal identification number (PIN) to use when talking		the IRS? See the instructions
Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGI Under penalties of penjury I declare that I have examined this return, including accompanying sche and belief, it is true correct and complete Declaration of preparer (other than taxpayer) is based of the structure of the	edules and statements on all information of wh Print your name here JE Print your title here PA	
Paid Preparer Use Only	Check if you're	salf amployed
Preparer's name	PTIN	3en-employed
Preparer's signature	Date	
Firm's name (or yours if self-employed)	EIN	
Address	Phone	
City State	ZIP code	
Page 3		Form 941 (Rev 4-2020

Schedule B (Form 941):

960311

_	ort of Tax Liab anuary 2017)	ilit	y for Semiweekl Department of the		chedule Deposit sury — Internal Revenue S			HI-SOOMAN	OMB No 1545-002
mplo) EIN)	yer identification numb	er <u>7</u>	2-0323455					(Chec	rt for this Quarter
ame ((not your trade name)	<u> </u>	THWESTERN ELFC	RIC	POWER COMPAN	Y			January, February, March April, May, June
alend	ar year	2	020	_	(Also	check	c quarter)		July, August September October, November, December
orm orm 100,0	941-SS, don't chang 941 or Form 941-SS	je yo Sify	our tax liability by adjust ou're a semiweekly so	tme	nts reported on any F ile depositor or becai	orms me c	s 941-X or 944 ine because y	-X. You mi our accum	you file this form with Form 941 ust fill out this form and attach it udated tax liability on any day wa uges were paid. See Section 11
onth	1	1	r	٦,		_	·		
1	1,018.58	9	•	17	816.75	25			Tax hability for Month 1
2	•	10	1,300,649.47	18		26			2,851,751•19
3] 11	•	19	ď	27		•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	•] 12		20	•	28		•	
5 [_] 13	•	21		29			
6 _	•] 14		22] 30			
, [15		23	•	31			
8		16		24	1,549,266.39	آ			
onth	2	-	,	-,		_	w		
1	1,015.56	9] 17	•	25			Tax hability for Month 2
2 _		10	•	18		26			3,018,118.25
3	•] 11	•	19		27		•	3,010,1101,0
4] 12	•	20		28			
5	70,978.38] 13]21		29		•	
6] 14		22	1,375,313.97	30			
7] 15	.21	23	•	31			
8 1	,570,807.13	16	b b	24	•	1			
onth	3			'				***************************************	
1	1,018.56	9	702.05	17		25			Tax liability for Month 3
2		10		18		26			. 2,715,917.59
3] 11		19	1,320,446.33] 27		•	2,11.0,511.35
4] 12		20	•	28		•	
5 1	,393,750.65] 13	•	21	•	29		•	
6] 14		22	•	30			
, [ī 15		23					
8		آ 16	•	24	•	Ī			
ι		,	1	· · · ·		J			Total liability for the quarter
			Fill in your to		ability for the quarter (Mo				8,585,787.03
D	namusk Radustian	Act	Notice, see separate l		tal must equal line 12 o		im 941 or Form	941-55.	Schedule B (Form 941) (Rev. 1-201)

ISA

Emplo	oyer identification number (EIN) 72-032345	55			Repoi (Check	t for this Quarter of 202 _{one.)}
Name	e (not your trade name) SOUTHWESTERN	N ELECTRIC POWER (COMPANY		1: J	anuary, February, March
	e name (if any)		······		2: A	pril, May, June
rraue	e name n any				X 3: J	uly, August, September
Addr	ress P.O.BOX 16428 AEP TAX Number Street	DEPARTMENT 15TH	FLOOR - State or roo		Go to w	ctober, November, Decemb www.sgov/Form941 for
	COLUMBUS Cay	OH State	43216-	6428	ınstructı	ons and the latest informatio
	Foreign country name	Foreign province/county	Foreign oc	ostal code		
	he separate instructions before you co		print within t	he boxes.		The last title and the control of th
art i				otion for the		
1	Number of employees who receive period including: Sept. 12 (Quarter		•		′ ₁[1,
^					`	27 225 202
2	Wages, tips, and other compensation	on			2 <u> </u> _	37,325,392
3	Federal income tax withheld from v	vages, tips, and other cor	npensation		3 _	4,979,313.
4	If no wages, tips, and other compet	nsation are subject to so	cial security	or Medicare tax	;	Check and go to line 6.
		Column 1	ı r	Column 2		
5a	Taxable social security wages	38,191,791.63	× 0.124 =	4,735,782	16	
5a	(i) Qualified sick leave wages .		× 0.062 = [
5а	(ii) Qualified family leave wages .		× 0 062 = [
5b	Taxable social security tips		× 0 124 = [
5c	Taxable Medicare wages & tips .	40,112,685.98	_ × 0.029 = [1,163,267	89	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	822,667 . 06	× 0.009 =	7,404.	00	
5e	Total social security and Medicare ta:	xes. Add Column 2 from line	s 5a, 5a(ı). 5a	(n), 5b, 5c, and 5d	5e	5,906,454.
5f	Section 3121(q) Notice and Demand	d-Tax due on unreported	1 tips (see in	structions) .	5f	
6	Total taxes before adjustments. Ad-	d lines 3. Se, and 5f			61	10,885,768.
	•			. , ,		10,000,000
7	Current quarter's adjustment for fra	actions of cents			7 _	•
8	Current quarter's adjustment for se	ckpay			8	
9	Current quarter's adjustments for t	ips and group-term life in	surance .		9 _	
0	Total taxes after adjustments. Com	bine lines 6 through 9			10	10,885,768.
•	Qualified small business payroll tax of	credit for increasing resear	ch activities.	. Attach Form 8974	11a_	•
		-PM-4-1-8 - 34- 0 1-	ave wages f	rom Worksheet 1	11b[_	
1a 1b	Nonrefundable portion of credit for o	qualified sick and family le	-			
1a	Nonrefundable portion of credit for o		_		110_	

SOAH Docket No 471-21-0538 PUC Docket No. 51415 Staff 5th Q # Staff 5-4 Attachment 1 Page 21 of 23

		т	750220
	not your trade name)	1 ' '	ification number (EIN)
	HWESTERN ELECTRIC POWER COMPANY Answer these questions for this quarter. (continued)	72-03234	55
Part 1: Answer these questions for this quarter. (continued)			
11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	0.00
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from lin	ne 10 . 12 [10,885,768.04
13a	Total deposits for this quarter, including overpayment applied from a prior quarter overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current overpayments applied from Form 941-X (PR), 941-X (8,517,876,86
13b	Deferred amount of social security tax	13b	2,367,891.18
13c	Refundable portion of credit for qualified sick and family leave wages from Work	sheet 1 13c	
13d	Refundable portion of employee retention credit from Worksheet 1	13d	•
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	10,885,768•04
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	B
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from le	ne 13e . 13 g	10,885,768.04
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	. 14[
15 Overpayment. If line 13g is more than line 12, enter the difference Check one: Apply to next return Send a refund.			
Part 2: Tell us about your deposit schedule and tax liability for this quarter.			
If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.			
Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below: if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3. You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.			
	Tax liability: Month 1		
	Month 2		
	Month 3		
Total liability for quarter Total must equal line 12.			
You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.			
➤ You MUST complete all three pages of Form 941 and SIGN it.			
Page 2			Form 941 (Rev. 7-2020)

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									·		95292
	not your trade name)								1		tification number (EIN)
	HWESTERN EL					NOT.		ver beer	72-03 siness, leave		
Part 3	i eli us abo	out yo	ur busin	ess. II a qu	estion at	es NOT	apply to yo	ur ous	siness, leave	IL DI	ank.
17	If your busines:	s has	closed o	r you stopp	ed paying	wages .					Check here, and
	enter the final da	ate yo	u paid wa	iges		; als	o attach a s	stateme	ent to your retu	rn S	ee instructions.
18	If you're a seas	sonal e	employer	and you do	on't have	to file a re	turn for ev	ery qu	arter of the ye	ar .	Check here
19	Qualified health	h plan	expense	s allocable	to qualifi	ed sick le	ave wages			19	
20	Qualified health	h plan	expense	s allocable	to qualifi	ed family	leave wage	s		20	
21	Qualified wage	s for t	he empl	oyee retent	ion credit					21	•
22	Qualified health	h plan	expense	s allocable	to wages	reported	on line 21			22	
23	Credit from Fo	rm 58	84-C, line	e 11, for this	s quarter					23	
24	Deferred amou	nt of t	he empl	oyee share	of social s	ecurity ta	x included	on line	13b	24	•
						·					
25	Reserved for fu	uture (use .							25	•
Part 4	May we sp	eak v	vith your	third-part	y designe	e?					
							her person	to disc	uss this return	with	the IRS? See the instructions
	for details				_					_	
	Yes. Design	nee's r	name and	phone num	ber						
	Select	a 5-d	igit perso	nal identifica	ation numb	er (PIN) to	use when	talking	to the IRS		
	□ No.										
Part 9		You	MUST	mnlata all	three na	nes of Fo	rm 941 an	4 SIGN	l it		
Unde	r penalties of perjur	ry. I de	clare that I	have examine	ed this retur	n, including	accompanyı	ng sche	dules and statem		and to the best of my knowledge
and t	belief, it is true, corr	ect, an	a complete	Declaration	or preparer	(other than	taxpayer) is i	oased o		OI WI	ich preparer has any knowledge.
1	Sign yo	our							Print your name here	JE	NNIFER RAY JARVIS
	name i	here	4	-/ Joseph					Print your title here	TA	X SUPERVISOR
•						····					
	(Date	10/10)/2020					Best daytime	pho	ne (614) 716-1565
Pa	aid Preparer U	Jse O	nly						Check if yo	u're	self-employed .
Prep	arer's name			, , ,					PTIN		
Prep	arer's signature [······································				Date		
	s name (or yours [f-employed)								EIN		
Addr	ress								Phone		
City							State [ZIP cod	e	
Page $oldsymbol{3}$											Form 941 (Rev. 7-202

460311

Schedule B (Form 941):

OMB No 1545-0029 Report for this Quarter... 1: January, February, March 2. April, May, June X 3: July, August, September 4: October, November, December

Report of Tax Liability for Semiweekly Schedule Depositors (Rev January 2017) Department of the Treasury — Internal Revenue Service Employer identification number (EIN) 72-0323455 Name (not your trade name) SOUTHWESTERN ELECTRIC POWER COMPANY Calendar year 2020 (Also check quarter)

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Mon	h 1			_				
1	•	9	-	17	1,377,099.73	25	•	Tax liability for Month 1
2		10	•	18		26	•	4,096,343•81
3	1,322,009.54	11	•	19		27		
4		12		20	•	28		
5	•	13	*	21	•	29	•	
6	•	14		22	•	30	•	
7		15		23		31	1,397,234.54	
8		16	#	24	•			
Mon	h 2	1		٦		1		
1 [1,035.74	9	•	17	•	25	•	Tax liability for Month 2
2		10	•	18	•	26	•	3,172,550 • 71
3		11		19		27	•	Legal 18, 5 may 1, 100 colors - American March 18, 100 colors
4		12		20		28	1,493,027.37	
5	35,898,12	13		21	•	29	3	
6		14	1,642,589.48	22	•	30	•	
7		15	•	23		31	•	
8		16	•	24	•			
Mon	th 3	1		٦.		1		
1	1,035.80	9	•	17		25	1,636,533.38	Tax liability for Month 3
2	•	10		18	•	26	•	3,616,873.52
3	-	11	1,969,088.52	19	•	27	•	L
4	M	12	10,215.82	20	•	28		
5		13		21	-	29		
6	•	14	14.	22	•	30	•	
7		15	-	23	•	31	•	
8		16		24	*			
			Fill in your to	tal li	ability for the quarter (Mor	nth 1	+ Month 2 + Month 3) ►	Total liability for the quarter

Total must equal line 12 on Form 941 or Form 941-SS. For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 941) (Rev 1-2017)

10,885,768.04

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-5:

Please provide a copy of the Company's most recently filed FUTA tax Form 940.

Response No. Staff 5-5:

See Staff 5-5 Attachment 1 for the 2019 Form 940.

Prepared By: Randall W. Hamlett Title: Dir Regulatory Acctg Svcs

SOAH Docket No. 471-21-0538 PUC Docket No. 51415 Staff 5th Q. # Staff 5-5 Attachment 1 Page 1 of 3

orm 94	Ofor 2019: Employer's Annual Federal Unemployment (FUTA	() Tax	Return	A501 3 OMB No 1545-0
Employer (EIN)	identification number 72-0323455	Туре	of Return	
Name (no	t your trade name) SOUTHWESTERN ELECTRIC POWER COMPANY		call that apply.) Amended	
Trade nar	ne (if any)		Successor emplo	yer
			No payments to e 2019	employees in
Address	P.O.BOX 16428 AEP TAX DEPARTMENT 15TH FLOOR - PAYROLI Number Street Suite or room number	d. [Final: Business c stopped paying v	vages
	COLUMBUS OH 43216-6428		vww.irs gov/Forn tions and the late	
	City State ZIP code			
	Foreign country name Foreign province/county Foreign postal code			
ead the s	eparate instructions before you complete this form. Please type or print within the boxes			
art 1:	Tell us about your return. If any line does NOT apply, leave it blank. See instruction	ons be	fore completing	ng Part 1.
1a If	you had to pay state unemployment tax in one state only, enter the state abbreviation .	1a		
1b If	you had to pay state unemployment tax in more than one state, you are a multi-sta		Check here Complete Sc	, hedule A (Form 9
2 if y	you paid wages in a state that is subject to CREDIT REDUCTION	2	Check here	hedule A (Form 9
art 2:	Determine your FUTA tax before adjustments. If any line does NOT apply, leave it	t blank		nedule A pinto
3 To	tal payments to all employees .	3	160,1	03,553.91
	syments exempt from FUTA tax 4 8,298,204 11	\neg		
	eck all that apply 4a $\overline{\mathbb{X}}$ Fringe benefits 4c Retirement/Pension 4 4b $\overline{\mathbb{X}}$ Group-term life insurance 4d $\overline{\mathbb{X}}$ Dependent care	 e	Other	
	otal of payments made to each employee in excess of 000 . 5 140,623,420.90			
6 Su	btotal (line 4 + line 5 = line 6)	6	148,9	21,625.01
7 To	etal taxable FUTA wages (line 3 – line 6 = line 7) See instructions	7	11,1	81,928.90
8 FL	ITA tax before adjustments (line 7 x 0.006 = line 8)	8		67,091.57
art 3:	Determine your adjustments. If any line does NOT apply, leave it blank.			
	ALL of the taxable FUTA wages you paid were excluded from state unemployment taultiply line 7 by 0.054 (line 7 × 0 054 = line 9) Go to line 12	ıx, 9		•
OF	SOME of the taxable FUTA wages you paid were excluded from state unemployment ta R you paid ANY state unemployment tax late (after the due date for filing Form 94 mplete the worksheet in the instructions. Enter the amount from line 7 of the worksheet	0),		
	credit reduction applies, enter the total from Schedule A (Form 940)	10		
art 4:	Determine your FUTA tax and balance due or overpayment. If any line does NOT		leave it blank	
***************************************	stal FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12)	12		67,091.57
13 FL	ITA tax deposited for the year, including any overpayment applied from a prior year	13		67,091.57
	slance due. If line 12 is more than line 13, enter the excess on line 14			<u> </u>
	If line 14 is more than \$500, you must deposit your tax	4.4		0.00
•	If line 14 is \$500 or less, you may pay with this return. See instructions	14		0,00
	verpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box belo			
>	You MUST complete both pages of this form and SIGN it Check one: App	ly to ne	xt return US	end a refund Next ■
or Privac	y Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.			Form 940 (20

SOAH Docket No 471-21-0538 PUC Docket No 51415 Staff 5th Q # Staff 5-5 Attachment 1 Page 2 of 3

850575

ame (not your trade name)									
UTHWESTERN ELECTRIC POWER COMPANY art 5: Report your FUTA tax liability by quarter only if line 1.	2 is more t	han \$		323455 go to Par	rt 6.				
The Dort your To TA tax hability by quarter only if line 12	L 13 INOIE (παιι ψ	300. 11 1101,	gotora	(0.				
Report the amount of your FUTA tax liability for each quarter; a quarter, leave the line blank.	do NOT er	iter th	e amount y	ou deposi	ted. If you had no liability fo				
16a 1st quarter (January 1 – March 31) .	16a		63,	801.81					
16b 2nd quarter (April 1 – June 30)	16b		1,	062.65					
16c 3rd quarter (July 1 – September 30)	16c		1,	047.22					
16d 4th quarter (October 1 – December 31)	16d		1,	179.89					
Total tax liability for the year (lines 16a + 16b + 16c + 16d = line	17) 17		67,	091.57	Total must equal line 12				
art 6: May we speak with your third-party designee?									
Do you want to allow an employee, a paid tax preparer, or anot for details.	her person	to dis	cuss this re	eturn with	the IRS? See the instruction				
Yes. Designee's name and phone number									
Select a 5-digit Personal Identification Number (PIN)	to use wher	n talkın	g to IRS						
☐ No.				<u> </u>					
art 7: Sign here. You MUST complete both pages of this for	m and SIG	N it.							
Under penalties of perjury, I declare that I have examined this returbest of my knowledge and belief, it is true, correct, and complete, fund claimed as a credit was, or is to be, deducted from the paymtaxpayer) is based on all information of which preparer has any knowledge.	and that no ents made to owledge	part o	fany paymo	ent made to	o a state unemployment				
Sign your name here	name	Print your name here		JENNIFER RAY JARVIS					
	Print title h		PAYROL	L TAX S	UPERVISOR				
Date 01/15/2020	Best	daytım	e phone	(614)	716-1565				
Paid Preparer Use Only			· · · · · · ·	Check	ıf you are self-employed				
Preparer's name			PTI	N					
Preparer's signature			Da	te					
Firm's name (or yours	-								
ıf self-employed)			EIN						
Address				one					
City State			ZIF	code					
2					Form 940 (201				
ge 2					rorm 340 (20				

Schedule A (Form 940) for 2019:

9P0375

OMB No 1545-0028

	dentification number (EIN) your trade name) SOUTH	Y	See the instructions on page 2 File this schedule with Form 940.					
enter the and enter	"X" in the box of EVE FUTA taxable wages the credit reduction ment tax (see the ins	and the red amount. Do	duction rate (see pa on't include in the <i>F</i>	ge 2 UTA). Multi <i>Taxab</i>	iply the FUTA taxable <i>le Wages</i> box wages	wages by th that were ex	ne reduction rate
Postal Abbreviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction		ostal eviation	FUTA Taxable Wages	Reduction Rate	Credit Reduction
AK	•] NC	-		*
AL	•		•] ND			
X AR			•	X	NE_	•		
AZ	•		•	<u> </u> _	NH			
CA	•		•	1	NJ	•		•
co	•		•	1=	MM NM	•		
CT_	•	ļ		Ļ	_ אע			•
DC_	•		•	4=	NY	•		
DE	•		•	닏	ОН	•		•
FL_	•	.	•	_	OK_	•		•
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 940.

Total Credit Reduction. Add all amounts shown in the Credit Reduction boxes Enter the total

Schedule A (Form 940) 2019

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SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-6:

For the tax form provided in Staff 1-5 above, provide the number of employees for which the FUTA tax was paid.

Response No. Staff 5-6:

The 2019 FUTA tax Form 940 provided in the Company's response to Staff's 5th, Question 5 was related to taxes for 1,636 employees.

Prepared By: Randall W. Hamlett Title: Dir Regulatory Acctg Svcs

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-7:

Has the Company, its affiliates, or other entities with which it jointly owns property protested property tax valuations in Texas, Arkansas, or Louisiana in the past five years? If yes, provide the results of such protests and any documents related to the result.

Response No. Staff 5-7:

Very few protests are ever filed by the Company and if filed, they involved either incorrect personal property valuations or increased real property assessments. All were either withdrawn or settled with the local authorities prior to billing; none went to formal hearing. This only occurred in Texas.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-8:

For any current or test year property tax valuation protest(s), provide documents related to such protest(s) including all documents and arguments provided with respect to the valuation of the Knox Lee, Lone Star, Lieberman, or Dolet Hills plants for property tax purposes.

Response No. Staff 5-8:

Not applicable - see Staff 5-7

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-9:

Provide the test year amount of property taxes incurred or paid by SWEPCO on the Knox Lee, Lone Star, Lieberman, and Dolet Hills plants.

Response No. Staff 5-9:

Property taxes on the listed plants are not directly assigned to them, but can be allocated to them. For the test year, property taxes incurred or paid by SWEPCO on the plants requested are as follows:

Knox Lee: \$443,600
Lone Star: \$54,000
Lieberman: \$505,300
Dolet Hills: \$2,835,700

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-10:

Provide the amount of property taxes included in the Company's requested revenue requirement related to the Knox Lee, Lone Star, Lieberman, and Dolet Hills plants.

Response No. Staff 5-10:

The amounts listed in Staff 5-9 are part of the overall revenue requirement requested by the Company for each respective plant.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-11:

With regards to the calculation of property tax expense, does the Company apply a CWIP and/or obsolescence factor to its gross plant in service balance? If yes, provide those factors for the test year and previous four calendar years.

Response No. Staff 5-11:

Tax expense is calculated based on a settled assessed value, which in turn is based on book value, including CWIP, and income projections. In Texas, CWIP is rendered using a 50% factor compared to in-service utility plant. This has been consistently applied over the previous four years. Though CWIP is rendered at 50%, this reduces the resultant tax on the CWIP assets, not the overall tax assessed and paid by the Company. There is no obsolescence factor applied by the Company.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-12:

Is the Company's CWIP subject to any ad valorem taxes? If so, state whether the taxes are expensed or capitalized. Provide the amount of requested ad valorem tax associated with any CWIP balances. If the Company has included the associated expense in its requested revenue requirement, please identify where.

Response No. Staff 5-12:

As stated in Staff 5-11, the Company's CWIP is subject to ad valorem taxes. These taxes are capitalized into the CWIP balances. CWIP is not included in rate base, thus these capitalized taxes are not part of the requested revenue requirement.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-13:

Does the Company pay taxes on plant leased to others? If so, is the Company reimbursed for these taxes?

Response No. Staff 5-13:

The Company does not have utility plant assets recorded in FERC Account 104 – Electric plant leased to others. Any leased utility plant assets would be immaterial and the lease revenue generated would be used to reduce the revenue requirement in rate proceedings.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-14:

Does the Company's request for ad valorem taxes include taxes on property values deemed imprudent by the Commission? If so, please identify the amount of taxes and the associated plant balance.

Response No. Staff 5-14:

No.

Prepared By: Thomas F. Johnson

Title: Property Taxes Mgr

Sponsored By: Michael A. Baird

Title: Mng Dir Acctng Policy & Rsrch

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-15:

Does the Company's request for ad valorem taxes include taxes on property (for instance the retired Welsh Unit 2) which is not used and useful in providing utility service? If so, please identify the amount of taxes included and the associated plant balance.

Response No. Staff 5-15:

The Company's request for ad valorem taxes does not include taxes on property which is not used and useful in providing utility services. Welsh Unit 2 was retired from the books and recorded as a regulatory asset in compliance with the Commission's order in Docket No. 46449 and is not included in SWEPCO's ad valorem assessments.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-16:

Provide the following regarding the Company's ad valorem taxes:

- a) Total taxes paid for the prior three calendar years in Texas and all other jurisdictions.
- b) Accounting distribution of taxes paid in each state for the prior three calendar years (expense, capital, and other by FERC account).
- c) Total gross and net book values upon which such taxes were assessed and paid in each jurisdiction for the prior three calendar years. Distinguish by component as applicable (plant in service, materials and supplies, CWIP, etc.)
- d) Property taxes charged to electric expenses for each month of the test year by FERC account.

Response No. Staff 5-16:

See attached Staff 5-16 Attachment 1.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

Staff's 5th Assignments SOUTHWESTERN ELECTRIC POWER COMPANY Ad Valorem Taxes For the Test Year Ended March 31, 2020

Staff 5-16, Item a

			Starr 5-1	lb, item a	
	Tax Year				
	Liability				Total Paid in Tax
State	Account	2017 Taxes Paid	2018 Taxes Paid	2019 Taxes Paid	Year
Arkansas ¹	236000816	14,205,386			14,205,386
	236000817		15,295,608		15,295,608
	236000818			15,101,580	15,101,580
Louisiana ²	236000816	8,682			8,682
	236000817	23,349,248	289,620		23,638,868
	236000818		25,641,944	1	25,641,944
	236000819			26,460,026	26,460,026
Oklahoma ³	236000816	119,139			119,139
	236000817	150,832	265,659		416,490
	236000818		165,484	285,783	451,266
	236000819			173,672	173,672
	236003317	183			183
	236003318		198		198
	236003319			202	202
Texas ⁴	236000816	15,662,690	-		15,662,690
	236000817	7,805,777	14,427,337		22,233,114
	236000818		4,354,765	17,014,006	21,368,771
	236000819			6,771,620	6,771,620
	236003316	98,899			98,899
	236003317	47,163	146,055	(41,452)	151,766
	236003318		42,966	104,556	147,522
	236003319			36,587	36,587
Colorado	2360008xx	2,593	-	3,221	5,814
Indiana	2360008xx	-	_	3	3´
Montana	2360008xx	29,703	39,886	37,061	106,650
West Virginia	2360008xx	5,429	1,561	4,904	11,894
Wyoming	2360008xx	8,723	9,473	9,109	27,304
Totals		61,494,445	60,680,555	65,960,877	188,135,877

¹ Arkansas taxes paid in year following the Tax Year (year liability incurred)

² Louisiana taxes paid primarily paid by 12/31 of the Tax Year (year liability incurrred)

³ Oklahoma taxes paid 1/2 in Tax Year (year liability incurrred) and 1/2 in following year

⁴ Texas taxes paid partially in October of the Tax Year (year liability incurrred) and balance due 1/31 of the following year

Staff's 5th Assignments
SOUTHWESTERN ELECTRIC POWER COMPANY
Ad Valorem Taxes
For the Test Year Ended March 31, 2020

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State	Tax Year Expense Account	2017 Expensed to 408.1	•	2017 Railcar or Non-Utility 408.2 Expense	2018 Expensed to 408.1	to GL	2018 Railcar or Non-Utility 408.2 Expense	2019 Expensed to 408.1	2019 Capitalize d to GL 1070001		Amount Recorded Outside of 2016 2019 Calendar Period	Total Check to Paid	Comment
Arkansas ¹	408100516 408100517 408100518	199,572 14,951,750	159,250	5,814	180,378 14,741,710	458,290	4,230	-102,520		4,100	14,000,000	14,205,386 15,295,608 15,101,580	Expensed or capitalized in 2016
Louisiana ²	408100516 408100517 408100518 408100519	(34) 23,253,433		13,630	5 25,299,390	329,320	13,234	26,009,149	438,010	12,868	8,716	8,682 23,638,868 25,641,944 26,460,026	
Oklahoma ³	408100516 408100517 408100518 408100519 408102917 408102918 408102919	416,673 183			-183 446,464		5,000	-198 465,914 198 202	1,000		119,139 -293,243	416,490 451,266	Expensed in 2016 2019 taxes paid in 2020
Texas ⁴	408100516 408100517 408100518 408100519 408102916 408102917 408102918 408102919	(8,547) 145,000		i	-595,616 20,927,588 50,474 173,000	416,200		24,983 20,204,940 -43,708 -25,478 165,000	375,060		15,640,151 -13,808,380 107,446 -128,413	22,233,114 21,368,771 6,771,620 98,899 151,766 147,522	Expensed or capitalized in 2016 2019 tax paid/True-up of expense in 2020 Expensed in 2016 2019 tax paid/True-up of expense in 2020
Colorado				2,593			0			3,221		5,814	
Indiana				0			0			37.00		3	
Montana West Virginia	 			29,703 5,429			39,886 1,561			37,061 4,904		106,650 11,894	
Wyoming	 			8,723			9,473			9,109		27,304	
Totals		61,660,099	680,250	65,891	61,223,210	1,203,810	73,384	46,698,482	814,070	71,265	15,645,416		-

¹ Arkansas taxes paid in year following the Tax Year (year liability incurred)

² Louisiana taxes paid primarily paid by 12/31 of the Tax Year (year liability incurrred)

³Oklahoma taxes paid 1/2 in Tax Year (year liability incurrred) and 1/2 in following year

 $^{^4}$ Texas taxes paid partially in October of the Tax Year (year liability incurrred) and balance due 1/31 of the following year

SOAH Docket No. 473-21-0538
PUC Docket No. 51415
STAFF's 5th, Q. # STAFF 5-16
Attachment 1
Page 3 of 4

Staff's 5th Assignments SOUTHWESTERN ELECTRIC POWER COMPANY Ad Valorem Taxes For the Test Year Ended March 31, 2020

Staff 5-16, Item c

Calendar Year 2017, Balances as of 1/1/2017									
	Total	AR	LA	NE	OK	TX			
Utility Plant	8,654,541,288	3,076,076,220	2,294,571,594	9,992,283	45,631,251	3,228,269,940			
CWIP	113,703,337	17,400,536	51,999,611	6,530	45,010	44,251,650			
Less: Depreciation	(2,731,204,485)	(511,344,803)	(836,606,154)	(8,121,669)	(17,345,051)	(1,357,786,809)			
NBV	6,037,040,139	2,582,131,953	1,509,965,051	1,877,144	28,331,210	1,914,734,781			
M&S	68,402,199	18,955,816	15,717,845	1,366,808	-	32,361,731			
Fuel	70,585,486	23,002,291	10,636,063	-	-	36,947,132			
Calendar Year 2018, B									
	Total	AR	LA	NE	ОК	TX			
Utility Plant	8,887,519,332	3,104,405,043	2,417,140,404	9,979,818	45,656,791	3,310,337,276			
CWIP	220,763,745	49,938,311	46,059,158	11,717	284,101	124,470,458			
Less: Depreciation	(2,882,207,801)	(568,994,030)	(864,298,724)	(8,230,129)	(18,479,545)	(1,422,205,373)			
NBV	6,226,075,276	2,585,349,324	1,598,900,838	1,761,406	27,461,347	2,012,602,361			
M&S	67,822,933	18,292,337	16,009,478	1,645,226	-	31,875,893			
Fuel	80,574,650	18,704,252	29,930,220	-	-	31,940,178			
Calendar Year 2019, B	alances as of 1/1/2	2019							
Calciladi Teal 2015, D	Total	AR	LA	NE	ОК	TX			
Utility Plant	9,273,629,188	3,220,092,376	2,517,684,451	9,985,058	46,164,781	3,479,702,522			
CWIP	194,666,171	15,756,194	60,988,847	17,938	36,799	117,866,393			
Less: Depreciation	(3,009,162,259)	(620,957,219)	(885,025,507)	(8,328,504)	(19,627,508)	(1,475,223,521)			
NBV .	6,459,133,100	2,614,891,351	1,693,647,792	1,674,492	26,574,072	2,122,345,394			
		•							
M&S	67,519,057	18,368,135	16,258,179	1,654,851	-	31,237,891			
Fuel	83,159,278	21,741,461	31,063,948	-	-	30,353,870			

SOAH Docket No. 473-21-0538 PUC Docket No. 51415 STAFF's 5th, Q. # STAFF 5-16 Attachment 1 Page 4 of 4

Staff's 5th Assignments SOUTHWESTERN ELECTRIC POWER COMPANY Ad Valorem Taxes For the Test Year Ended March 31, 2020

Staff 5-16, Item d
Property taxes charged to electric expense for test year

Month-Year	408100517	408100518	408100519	408100520	408102917	408102919	408102920	Grand Total
Apr-19	10,459.70		5,413,399.00		-11,473.67	13,750.00		5,426,135.03
May-19	10,459.70	-102,519.93	5,413,399.00			13,750.00		5,335,088.77
Jun-19	10,459.70		5,013,397.00			13,750.00		5,037,606.70
Jul-19	10,459.70		5,346,730.00			13,750.00		5,370,939.70
Aug-19	10,459.70	15.74	5,346,730.00			13,750.00		5,370,955.44
Sep-19	10,459.70		5,346,730.00			13,750.00		5,370,939.70
Oct-19	10,459.70	0.01	5,346,730.00			13,750.00		5,370,939.71
Nov-19	10,459.70		5,346,730.00			13,750.00		5,370,939.70
Dec-19	10,459.70		3,614,810.76			13,952.00		3,639,222.46
Jan-20	10,459.70			5,429,460.00			13,750.00	5,453,669.70
Feb-20	10,459.70		-211,486.02	5,429,460.00		-22,784.43	13,750.00	5,219,399.25
Mar-20	10,459.70		0.00	5,429,460.00			9,750.00	5,449,669.70
Total	125,516.40	-102,504.18	45,977,169.74	16,288,380.00	-11,473.67	101,167.57	37,250.00	62,415,505.86

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-17:

Describe in detail by Texas and other states the assessment of property taxes on fuel as well as materials and supplies.

Response No. Staff 5-17:

Fuel and materials and supplies are included in the cost method used by all of SWEPCO's territory states. However, Louisiana exempts the Louisiana-based fuel balance from the final assessed value. Therefore, all states assess and tax materials and supplies and all states except Louisiana assess and tax fuel.

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-18:

Refer to electronic workbook WP A-3.13.1 (ad valorem). Provide a detailed explanation of what the amount in cell E62 labeled DH GAAP Depreciation is and provide a detailed justification for why it is included in the plant balance subject to ad valorem taxes.

Response No. Staff 5-18:

Please see the response to Staff 5-59.

Prepared By: James D. Spring

Title: Regulatory Acctg Case Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-19:

What amount for the Dolet Hills plant is included in the plant in service balance for purposes of calculating requested ad valorem taxes? Has SWEPCO actually been assessed ad valorem taxes on the Dolet Hills generating plant by the taxing authority or are they assessed to another party? If assessed to another party, identify the party. If assessed to SWEPCO, provide the amount assessed for the last three years.

Response No. Staff 5-19:

Dolet Hills portion of Plant in Service for the Test Year is \$343,577,300. SWEPCO has actually been assessed ad valorem taxes on the value Dolet Hills generating plant contributes to the overall Company value - it is not assessed individually as a separate asset. SWEPCO's portion of Dolet Hills generating plant's ownership is not assessed to another party. Each co-owner is assessed and pays on their portion of their ownership.

Test Year	\$2,835,700
TY2019	\$2,806,058
TY2018	\$2,884,903
TY2017	\$2,741,960

Prepared By: Thomas F. Johnson Title: Property Taxes Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-20:

Refer to electronic workbook WP A-3.13.1 (ad valorem) and confirm that the amounts in cells E42 through E54 represent amounts that were disallowed in Docket No. 46449. If not, explain what these items are.

Response No. Staff 5-20:

Yes, the amounts in cells E42 through E54 of WP A-3.13.1 represent amounts that were disallowed in Docket No. 46449.

Prepared By: James D. Spring Title: Regulatory Acctg Case Mgr

Sponsored By: Michael A. Baird Title: Mng Dir Acetng Policy & Rsrch

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SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-21:

Refer to the electronic workbook for WP A-3.13.1 (ad valorem) and provide a description of each leased property included in the amounts in cells E30 through E35. Please also: a) Provide the amounts for each of these items on SWEPCO's books at the end of the test year in Docket No. 46449 and the amount included in ad valorem taxes in that case related to each. b) If the treatment of these items by the taxing jurisdictions have changed since Docket No. 46449, provide a detailed explanation of the different treatment. c) Confirm that these amounts were removed from rate base on Schedule B-1.5.1 because "these lease payments are included in cost of service, as discussed in the testimony of Mr. Michael Baird." d) Provide evidence that such leased properties are considered tangible property subject to ad valorem taxes in the applicable taxing jurisdiction and that SWEPCO is the party assessed the tax separately from the lease payments included in operating expense as discussed in the testimony of Mr. Baird at page 43.

Response No. Staff 5-21:

See attached Staff 5-21 Attachment 1.

Prepared By: James D. Spring

Title: Regulatory Acctg Case Mgr

SOAH Docket No. 473-21-0538
PUC Docket No. 51415
STAFF's 5th, Q. # STAFF 5-21
Attachment 1
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Staff's 5th Assignments SOUTHWESTERN ELECTRIC POWER COMPANY Ad Valorem Taxes For the Test Year Ended March 31, 2020

Staff 5-21

- Q. Provide a description of each leased property included in the amounts cells E30 through E35
- A. There are thousands of individual leased assets on SWEPCo's books included in the accounts below. Generally they consist of tangible personal property or improvements that can be categorized as follows:

Leased Batteries and Power Systems
Leased Communication Equipment
Leased Computers and Computing Equipment, including Servers
Leased LAN/WAN Networks
Leased Miscellaneous Equipment
Leased Miscellaneous Power Plant Equipment
Leased Office Furniture and Equipment
Leased Radio Systems
Leased Railroad Cars
Leased SCADA
Leased Structure and Improvements
Leased Telephone Systems
Leased Transport Networks
Leased Transportation Equipment

Staff 5-21, Item a

			06-30-2016 Plant Balance
		03-31-2020 Plant Balance	Subject To Ad valorem
		Subject To Ad valorem Tax	Tax
1011001 Capital Leases		53,016,644	48,393,074
1011006 Prov-Leased Assets		-23,188,269	-18,190,122
1011012 Accrued Capital Lea	ses	229,699	116,381
1011031 Operating Lease*		52,090,397	0
1011032 Accrued Operating I	Leases*	506,079	0
1011036 Prov - Operating Lea	ase Assets*	-7,877,254	0

^{*}In 2016, FERC did not require the Company to record operating leases on the books.

The Company had taxable assets on operating leases in 2016, but they were not required to be filed on the FERC Form 1, but they were filed on ad valorem tax renditions

SOAH Docket No. 473-21-0538 PUC Docket No. 51415 STAFF's 5th, Q. # STAFF 5-21

Staff 5-21, Item b Attachment 1

The tax treatment of these items by taxing jurisdiction has not changed since Docket No. 46449, they were taxable then and they continue to be taxable, only the FERC Form 1 reporting of these assets has changed.

Page 2 of 2

Staff 5-21, Item c

These amounts were removed from rate base on Schedule B-1.5.1. However WP A-3.13.1 concerns ad valorem taxes assessed on these assets which are not included in the lease payments.

Staff 5-21, Item d

All of the Company's territory states tax real and tangible personal property. The equipment recorded in these accounts is primarily tangible personal property. As for proof of taxability, the Company offers the following from Texas Tax Code:

Texas Tax Code, *Title 1. Property Tax Code*, *Subtitle A. General Provisions*, *Chapter 1. General Provisions*, *Section 1.04. Definitions*

- (1) "Property" means any matter or thing capable of private ownership.
- (2) "Real property" means:
 - (A) land;
 - (B) an improvement;
 - (C) a mine or quarry;
 - (D) a mineral in place;
 - (E) standing timber;
 - (F) an estate or interest, other than a mortgage or deed of trust creating a lien...
- (3) "Improvement" means:
 - (A) a building, structure, fixture, or fence erected on or affixed to land;
 - (B) a transportable structure...
- (4) "Personal property" means property that is not real property.
- (5) "Tangible personal property" means personal property that can be seen, weighed, measured, felt, or otherwise perceived by the senses, but does not include a document or other perceptible object that constitutes evidence of a valuable interest, claim, or right and has negligible or no intrinsic value.

Texas Tax Code, Title 1. Property Tax Code, Subtitle C. Taxable Property and Exemptions,
Chapter 11. Taxable Property and Exemptions, Section 11.01. Real and Tangible Personal Property
(a) All real and tangible personal property that this state has jurisdiction to tax is taxable unless exempt by law.

- (b) This state has jurisdiction to tax real property if located in this state.
- (c) This state has jurisdiction to tax tangible personal property if the property is:
 - (1) located in this state for longer than a temporary period;...

This equipment is leased using financial lease agreements with various lessors. The Company is always contractually responsible for any ad valorem taxes on the equipment regardless of whether it is filed on the Company's tax renditions or filed by the lessors.

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-22:

Refer to the electronic workbook for WP A-3.13.1 (ad valorem) at cell E10. Please provide a detailed explanation and reference to other rate filing package schedules for each value included in the formula in this cell. Please also reconcile the value in this cell to Schedule G-9 as referenced.

Response No. Staff 5-22:

Please see Staff 5-22 Attachment 1 Ad Valorem.

Prepared By: Randall W. Hamlett Title: Dir Regulatory Acctg Svcs

SOAH Docket No. 473-21-0538 PUC Dockdet No. 51415 Staff's 5th, Q. #Staff 5-22 Attachment 1 Page 1 of 1

January 1, 2019 Net Electric Plant Subject to Ad Valorem

NEPIS Tax WP A-3.13.1 Ad Valorem Cell E10 Schedule G-9 1010001 Plant in Service 8,822,227,314 60 8,822,227,314.60 Cell G13 1060001 Const Not Classifd 364,639,271 70 364,639,271.70 Cell G13 1070001 CWIP - Project 194,666,171 15 Cell H13 194,666,171 15 1080001 A/P for Deprec of Plt Cell I 13 (2,557,733,343.18) (2,557,733,343 18) Cell I 13 1080005 RWIP - Project Detail 12,724,513 56 12,724,513 56 Cell I 13 1080011 Cost of Removal Reserve (444,907,524.86) (444,907,524.86) 1080013 ARO Removal Deprec - Accretion 7,075,414.73 7,075,414 73 Cell I 13 1080155 Unrecovered Plant 50,276,783.68 50,276,783.68 Cell I 13 1110001 A/P for Amort of Plt (50,977,524,16) (50,977,524.16) Cell I 13 1160007 OthElecPltAdiTurkImprmnt-EPIS (58.411.747 11) 1160008 TurkAFUDCReverseTXCap-EPIS (1,313,07650)1160009 AmortTurkImprmnt&AFUDCReversal 6,546,227 84 1160012 Turk Imprmnt-AuxBoiler (18,500,000 00) 1160013 Turk Imprmnt-AuxBoiler Amort 2,138,096 00 1160016 TX Trans Veg Mgmt Cost Wrteoff (1,543,53861)1160017 TX Distr Veg Mgmt Cost Wrteoff (4,103,577 10) 1160018 TX Dist Veg Mgt WriteOff Amort 356,359 27 1160019 TX Tran Veg Mgt WriteOff Amort 71,835 85 1160020 TX Trans Costs - SERP (159,865.70)1160021 TX Distr Costs - SERP (48,24539)1160022 TX Gen Costs - SERP (299,40609)1160023 TX CWIP FinBased Incen - Trans (1,892,89849)1160024 TX CWIP FinBased Incen - Distr (2,264,368 51) 1160025 TX CWIP FinBased Incen - Gen (2,574,754 32) 1160026 TX RWIP FinBased Incen - Trans (65,227.75) 1160027 TX RWIP FinBased Incen - Distr (96,56307)1160028 TX RWIP FinBased Incen - Gen (96,013 34) CWIP not Included (194,666,171.15) Cell J13 Cell E10 6,315,734,314.19 6,203,324,906.07

These account balances are as of 01/01/2019 (the assessment date for the 2019 Ad Valrem tax assessment) and as such are not referenced in the filing as of that date.

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-23:

Refer to the electronic workbook for WP A-3.13.1 (ad valorem). For each amount included in cells E29 through E65, provide the January 1, 2019 balance of each.

Response No. Staff 5-23:

Please see Staff 5-23 Attachment 1 Book Balances.

Prepared By: James D. Spring

Title: Regulatory Acctg Case Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY

Line

Line			24/24/2242
			01/01/2019
#_	-	Description	Book Balance
1		Plant In Service	8,822,227,315
2		Capital Leases	46,439,145
3		Prov-Leased Assets	(20,762,078)
4		Accrued Capital Leases	164,893
5		Operating Lease	-
6		Accrued Operating Leases	-
7		Prov - Operating Lease Assets	-
8		Const Not Classified	364,639,272
9		Other Elec Plt Adj- Turk Impairment	(58,411,747)
10	1160008	Turk AFUDC Reverse TC Cap - EPIStOther Elec Plt Adj- Turk Impairment	(1,313,077)
11	1160009	AmortTurkImprmnt&AFUDCReversal	6,546,228
12	1160012	Turk Imprmnt-AuxBoiler	(18,500,000)
13	1160013	Turk Imprmnt-AuxBoiler Amort	2,138,096
14	1160016	TX Trans Veg Mgmt Cost Wrteoff	(1,543,539)
15	1160017	TX Distr Veg Mgmt Cost Wrteoff	(4,103,577)
16		TX Dist Veg Mgt WriteOff Amort	356,359
17	1160019	TX Tran Veg Mgt WriteOff Amort	71,836
18	1160020	Trans Costs - SERP	(159,866)
19	1160021	Distr Costs - SERP	(48,245)
20	1160022	Gen Costs - SERP	(299,406)
21	1160023	CWIP FinBased Incen - Trans	(1,892,898)
22	1160024	CWIP FinBased Incen - Distr	(2,264,369)
23	1160025	CWIP FinBased Incen - Gen	(2,574,754)
24	1160026	RWIP FinBased Incen - Trans	(65,228)
25	1160027	RWIP FinBased Incen - Distr	(96,563)
26	1160028	RWIP FinBased Incen - Gen	(96,013)
27	1070001	CWIP - Project	194,666,171
28	1080001	Accum Prov For Depr of Plt	(2,557,733,343)
29	1080005	RWIP Project Detail	12,724,514
30	1080011	Cost of Removal Reserve	(444,907,525)
31	1080013	ARO Removal Depreciation - Accretion	7,075,415
32	1080155	Unrecovered Plant	50,276,784
33	1080160	AR Plt Retire-Unrecover Plant	· · · · -
34	1080161	DH GAAP Depreciation	-
35		Accum Prov for Amortization of Plant - Intangible	(50,977,524)
36		Cloud Implement - A/P Amrt Pit	· · · · · · · · · · · · · · · · · · ·
37		Pro Forma Adjustments to Net Electric Plant in Service	N/A
38		•	6,341,576,275

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-24:

Has the Company experienced any reductions in force since the end of the test year? Does the Company anticipate any reductions in force between now and the end of the rate year? If the answer to either question is yes, please describe and quantify.

Response No. Staff 5-24:

Beginning June 8, 2020 through July 6, 2020, the company did offer a retirement incentive package to certain employees across the service company and SWEPCO. Only one SWEPCO employee accepted the retirement incentive package and a total of 189 employees reporting to AEPSC accepted the package.

Prepared By: Christopher N. Martel Title: Regulatory Consultant Sr

Sponsored By: Lynn M. Ferry-Nelson Title: Dir Regulatory Svcs

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-25:

Reference Schedules G-1.1 through G-1.6. Provide the annual total amount for each category of requested information by schedule for calendar year 2019.

Response No. Staff 5-25:

See Staff 5-25 Attachment 1 for the requested calendar year 2019 information.

Prepared By: Frances K. Bourland Title: Regulatory Acctg Case Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY Payroll Information Reported on Schedules G-1 1 through G-1 € For the year 2019

 Schedule G-1 1
 Regular and Overtime Payroll

 (1)
 (2)
 (3)
 (4)
 (5)

 Regular
 Overtime
 Total

 Payroll
 Payroll
 Other
 Payroll

 Prior Year 2019
 \$ 120,999,775
 \$ 19,758,696
 \$ 19,636,676
 \$ 160,395,146

 Schedule G-1 2
 Regular Payroll by Category
 Payroll
 Payroll
 Payroll

(1)	(2)		(3)	(4)
	Union		Non-union	Total Regular
Month	Payroll		Payroll	Payroll
Prior Year 2019		63,152,758	57,847,017	120,999,775

Schedule G-1.3 Payroll Capitalized vs Expensed

(1)	(2)	(3)	(4)	(5)
	Payroll	Payroll	Other	Total
Month	Expensed	Capitalized	Payroll	Payroll
Prior Year 2019	107,692,516	44,743,248	7,959,382	160,395,146

Schedule G-1 4 Payroll by Company

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Company's Share	e of Payroll Othe		Other Partic	Other Participant's Share of Payroll		Total Payroll		
Month	Union	Non-Union	Total	Union	Non-Union	Total	Union	Non-Union	Total
Prior Year 2019	80,473,956	72,197,802	152,671,758	3,240,215	4,483,173	7,723,388	83,714,171	76,680,975	160,395,146

Schedule G-1 5 Number of Employees

(1)	(2)		(3)	(4)	(5)
	Full-time		Part-time	Total	%
Month	Employees		Employees	Employees	Change
Prior Year 2019	•	1,463	-	1463	

Schedule G-1 6 Payments Other Than Standard Pay

(1)	(2)	(3)	(4)	(5)	(6)
	Employee	Severance		Other Lump	
Month	Awards	Pay	Relocation	Sum Payments	Total
Prior Year 2019	20,917,837	381,590	185,722	359,631	21,844,780

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-26:

Refer to the testimony of Michael A. Baird at page 20, lines 7 through 10, which states: "The annualized base payroll calculation also accounts for the billings of labor cost to participants in the Flint Creek, Pirkey, and Turk power plants, which results in the appropriate SWEPCO amount being included in the cost of service." Please explain how SWEPCO bills expenses for payroll and other operations and maintenance costs to the other participants in these plants and how such billings to and payments from the other participants are reflected on SWEPCO's books and in the requested revenue requirement.

Response No. Staff 5-26:

Billings to co-owners of the joint plants are facilitated using the workorder accounting field. Workorder numbers are designated to capture capital costs and costs of operating and maintaining the jointly owned facilities. Those costs are accumulated and the co-owners are billed the following month for their portion of the capital costs and operations and maintenance expenses based on their percentage of ownership. These billings are recorded as a reduction to capital or operations and maintenance expenses on SWEPCO's books, thus leaving only SWEPCO's portion on its books in the capital and operation and maintenance expense accounts. These billings and subsequent payments are recorded on an accounts receivable account on the Company's general ledger.

Prepared By: Frances K. Bourland Title: Regulatory Acctg Case Mgr

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-27:

Provide the most recent payroll annualized by FERC account separately for SWEPCO and for the amounts allocated to SWEPCO by AEPSC and include a detailed explanation of the calculations.

Response No. Staff 5-27:

Please refer to Staff 5-27 Attachment 1 for most recent payroll annualized by FERC account for amounts allocated to SWEPCO by AEPSC. The Company repeated the same process as was done for proforma adjustment calculation. The Company took the most recent payroll in October 2020 and calculated the base labor that was allocated to SWEPCO by AEPSC and then annualized that base labor amount. The Company then compared that to the test year base labor that was allocated to SWEPCO by AEPSC to calculate the proforma adjustment.

Please see Staff 5-27 Attachment 2 for the annualization of SWEPCO base payroll as of October 31, 2020. The Company used the same process in preparing this response as was used in its payroll proforma adjustment. Using the employees on the payroll roles as of October 31, 2020, the amounts were reduced to reflect the SWEPCO percentage of ownership for those locations they share ownership with other companies. This amount was distributed to FERC accounts based on the historic regular pay for the test year and a variance was calculated by comparing those two amounts.

Prepared By: Frances K. Bourland Title: Regulatory Acctg Case Mgr

Sponsored By: Michael A. Baird Title: Mng Dir Acctng Policy & Rsrch

Sponsored By: Brian J. Frantz Title: Dir Accounting

SOUTHWESTERN ELECTRIC POWER COMPANY October 2020 Payroll Annualized in Cost of Service Billed from AEPSC to SWEPCO by FERC Account

FERC Account	Test Year	Annualized	Proforma Adjustment
5000 - Oper Supervision & Engineering	6,060,375.10	5,949,260.76	(111,114.34)
5010 - Fuel	419,862.33	412,222.96	(7,639.37)
5020 - Steam Expenses	96,350.64	94,550.80	(1,799.84)
5050 - Electric Expenses	2,492.59	2,446.58	(46.01)
5060 - Misc Steam Power Expenses	397,196.25	389,950.47	(7,245.78)
5100 - Maint Supv & Engineering	214,753.73	210,763.24	(3,990.49)
5110 - Maintenance of Structures	339,063.62	332,601.47	(6,462.15)
5120 - Maintenance of Boiler Plant	734,161.40	720,276.40	(13,885.00)
5130 - Maintenance of Electric Plant	188,963.43	185,411.24	(3,552.19)
5140 - Maintenance of Misc Steam Plt	69,068.41	67,753.36	(1,315.05)
5240 - Misc Nuclear Power Expenses	0.47	0.46	(0.01)
5280 - Maint Supv & Engineering	3,604.55	3,538.00	(66.55)
5290 - Maintenance of Structures	211.67	207.62	(4.05)
5300 - Maint of Reactor Plant Equip	10.84	10.96	0.12
5310 - Maintenance of Electric Plant	8.00	7.84	(0.16)
5350 - Oper Supervision & Engineering	2,728.00	2,678.15	(49.85)
5370 - Hydraulic Expenses	264.36	259.55	(4.81)
5390 - Misc Hydr Power Generation Exp	3,067.85	3,009.48	(58.37)
5450 - Maint of Misc Hydraulic Plant	575.02	565.76	(9.26)
5510 - Maint Supv & Engineering	(8.53)	(8.62)	(0.09)
5530 - Maintenance of Generating Plt	6,650.75	6,527.88	(122.87)
5560 - Sys Control & Load Dispatching	827,358.88	811,947.07	(15,411.81)
5570 - Other Expenses	1,854,343.84	1,819,890.09	(34,453.75)
5600 - Oper Supervision & Engineering	3,575,130.52	3,510,075.06	(65,055.46)
5612 - Load Dispatch-Mntr&Op TransSys	557,248.07	546,966.41	(10,281.66)
5615 - Reliability, Plng&Stds Develop	131,426.82	128,986.32	(2,440.50)
5620 - Station Expenses	3,969.95	3,901.33	(68.62)
5630 - Overhead Line Expenses	10,627.08	10,433.32	(193.76)
5660 - Misc Transmission Expenses	793,724.23	779,153.36	(14,570.87)
5670 - Rents	74.16	72.83	(1.33)
5680 - Maint Supv & Engineering	5,397.51	5,298.84	(98.67)
5690 - Maintenance of Structures	25.45	24.99	(0.46)
5691 - Maint of Computer Hardware	5,177.00	5,080.69	(96.31)
5692 - Maint of Computer Software	82,685.28	81,183.90	(1,501.38)
5700 - Maint of Station Equipment	116,016.70	113,909.41	(2,107.29)
5710 - Maintenance of Overhead Lines	12,529.73	12,306.37	(223.36)
5730 - Maint of Misc Trnsmssion Plt	694.80	682.15	(12.65)
5800 - Oper Supervision & Engineering	666,519.38	655,111.27	(11,408.11)
5820 - Station Expenses	40,189.52	39,446.57	(742.95)
5830 - Overhead Line Expenses	230.46	226.63	(3.83)
5840 - Underground Line Expenses	7,870.79	7,738.83	(131.96)
5860 - Meter Expenses	109,722.20	107,844.12	(1,878.08)
5880 - Miscellaneous Distribution Exp	628,152.20	617,285.96	(10,866.24)
5900 - Maint Supv & Engineering	4,924.23	4,841.55	(82.68)
		48,581.07	
5920 - Maint of Station Equipment	49,481.30	40,201.07	(900.23)

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5970 - Maintenance of Meters	201.36	197.87	(3.49)
9010 - Supervision - Customer Accts	47,205.35	46,401.75	(803.60)
9020 - Meter Reading Expenses	82,431.18	80,986.10	(1,445.08)
9030 - Cust Records & Collection Exp	5,635,793.08	5,542,904.90	(92,888.18)
9050 - Misc Customer Accounts Exp	16,735.85	16,433.82	(302.03)
9070 - Supervision - Customer Service	72,732.56	71,451.97	(1,280.59)
9080 - Customer Assistance Expenses	43,067.93	42,257.63	(810.30)
9100 - Misc Cust Svc&Informational Ex	10,697.72	10,583.25	(114.47)
9120 - Demonstrating & Selling Exp	1,650.01	1,618. 7 2	(31.29)
9200 - Administrative & Gen Salaries	13,644,440.10	13,419,094.98	(225,345.12)
9210 - Office Supplies and Expenses	5,233.69	5,288.84	55.15
9220 - Administrative Exp Trnsf - Cr	(0.00)	-	0.00
9230 - Outside Services Employed	636.32	626.04	(10.28)
9250 - Injuries and Damages	8,333.32	8,179.64	(153.68)
9260 - Employee Pensions & Benefits	14,125.21	13,877.24	(247.97)
9280 - Regulatory Commission Exp	961,172.93	943,113.55	(18,059.38)
9301 - General Advertising Expenses	207.44	203.72	(3.72)
9302 - Misc General Expenses	111,977.54	110,047.08	(1,930.46)
9350 - Maintenance of General Plant	114,368.52	112,472.02	(1,896.50)
	38,821,330.24	38,145,694.38	(675,635.86)

SOUTHWESTERN ELECTRIC POWER COMPANY CALCULATION OF PAYROLL ANNUALIZATION AS OF 10/31/2020

Test year actual regular pay

less joint billings	-9 p7		
FERC	Total	Annualized Payroll	Adjustment
1070	30,831,093 27	31,944,893 50	1,113,800 23
1080	5,789,925 40	5,999,091 52	209,166 12
1510	426,890 48	442,312 27	15,421 79
1520	3,911,766 75	4,053,082 75	141,316 00
1850	169,598 01	175,724 89	6,126 88
1860	230,580 73	238,910 66	8,329 93
1880	(1,060 85)	(1,099 17)	(38 32)
4010	5,581 07	5,782 69	201 62
4264	212,821 72	220,510 09	7,688 37
4265	80,420 87	83,326 14	2,905 27
4560	(46,033.45)	(47,696 44)	(1,663 00)
5000	5,273,165 54	5,463,663 26	190,497 72
5010	50,682 31	52,513 25	1,830 94
5020	6,857,893 21	7,105,640 60	247,747 39
5050	7,117,975 61	7,375,118 71	257,143 10
5060	3,180,083 01	3,294,966 29	114,883 28
5100	3,928,391 88	4,070,308 47	141,916 59
5110	831,627 27	861,670 54	30,043 26
5120	8,195,282 43	8,491,344 18	296,061 75
5130	1,748,176 30	1,811,330 70	63,154.40
5140	1,847,164 41	1,913,894 84	66,730 43
5420	196 70	203 80	7 11
5440	1,125 43	1,166 09	40 66
5480	206,327 41	213,781 17	7,453 76
5520	985 67	1,021 28	35 61
5530	312,657 10	323,952 11	11,295 01
5600	1,453,938 91	1,506,463 72	52,524 82
5612	694 47	719 56	25 09
5620 5630	242,444 96	251,203 50 21,130 99	8,758 54 736 76
5660	20,394 23 296,121 33	306,818 98	10,697 64
5680	3,234 79	3,351 65	116 86
5690	4,743 03	4,914 38	171 35
5700	1,013,440 12	1,050,051 53	36,611 41
5710	365,267 36	378,462 96	13,195 60
5800	655,175 46	678,844 25	23,668 79
5820	305,878 90	316,929 05	11,050.14
5830	(1,386,700 78)		(50,095 78)
5840	618,150 40	640,481 62	22,331 22
5850	25,818 41	26,751 13	932 71
5860	2,568,021 78	2,660,793 81	92,772 03
5870	261,908 04	271,369 70	9,461 66
5880	9,303,951 96	9,640,065 37	336,113 41
5900	122,227 37	126,642 94	4,415 57
5910	6,926 67	7,176 90	250 23
5920	676,655.72	701,100 50	24,444 78
5930	5,680,297 86	5,885,503 59	205,205 73
5940	184,702 21	191,374 74	6,672 53
5950	72,805 36	75,435 52	2,630 16
5960	133,719.10	138,549 82	4,830 72
5970	343,708 51	356,125 28	12,416 77
5980	203,351 12	210,697 35	7,346 24
9010	462,558 57	479,268 90	16,710 33
9020	1,741,188 93	1,804,090 91	62,901 97
9030	2,438,820 00	2,526,924 50	88,104 51
9070	975,873 86	1,011,128 16	35,254 30
9080	1,886,333 21	1,954,478 65	68,145 44
9200	4,325,627 85	4,481,894 95	156,267 09
9220	(2,057,087 95)		(74,314 10)
9250	203,305 74	210,650 33	7,344.60
9280	1,994 70	2,066 76	72 06
9302	110,133 05	114,111 70	3,978 65 57 452 87
9350 Crond Total	1,590,352 34	1,647,805 21	57,452 87
Grand Total	116,019,295 87	120,210,594 48	4,191,298 61

Base payroll - joint plant billings
(5,825,400 11)
G-1 1 base 121,844,695 98

GLBU 168	AsOfDate 10/31/2020		FULL	_PART ANNUAL_RT 122529 97		Y_TYPE Flag	F/P/T	Row Match 905591	increas e Type	SAL_ADMIN_I LAN SP20
168	10/31/2020		F	159621 44			•	905592		SP20
168	10/31/2020		F	108661 9			Р	905593		SP20
168	10/31/2020	R	F	145996 5	12810		т	905594		SP20
168	10/31/2020	R	F	86382 4	11202	Υ	Р	905595		U074
168	10/31/2020	R	F	122488 13	10572		F	905596		SP20
168	10/31/2020	R	F	91353 6	10474	Y		905597		U074
168	10/31/2020	R	F	84073 6	10474	Υ		905598		U074
168	10/31/2020		F	81473 6		Υ		905599		U074
168	10/31/2020		F	120966 76				905600		SP20
68	10/31/2020		F	88004 8		Y		905601		U074
168	10/31/2020		F	174930				905602		SP20
168	10/31/2020		F	108708 43				905603		SP20
68	10/31/2020		F	119937 895				905604		SP20
68	10/31/2020 10/31/2020		F	62441 6		Y		905605		U074
68			F		10474	Υ		905606		U074
68	10/31/2020 10/31/2020		F	126028 36			Р	905607		SP20
168 168	10/31/2020		F	115912 92 81473 6		Υ	۲	905608 905609		SP20
68	10/31/2020		F	114898 9		,	F	905610		U074 SP20
68	10/31/2020		F	111038 8			-	905611		SP20
68	10/31/2020		F	91353 6		Υ		905612		U074
68	10/31/2020		F.	92268 8		Ý		905613		U072
68	10/31/2020		F	124125 76				905614		SP20
168	10/31/2020		F.	86382 4		Υ	Р	905615		U074
68	10/31/2020		F	143949 91		•		905616		SP20
68	10/31/2020		F	81473 6		Υ		905617		U074
68	10/31/2020		F	35432 1		,		905618		SP20
68	10/31/2020		F	86382 4		Υ	P	905619		U074
68	10/31/2020		F	84073 6		Ý	-	905620		U074
68	10/31/2020		F	91353 6		Ý		905621		U074
68	10/31/2020	R	F	91353 6		Y		905622		U074
68	10/31/2020	R	F	133686 22	11202		Р	905623		SP20
68	10/31/2020	R	F	128017 44	10474			905624		SP20
68	10/31/2020	R	F	65904 661	10410			905625		WTUN
68	10/31/2020	R	۶	111400 9	10474			905626		SP20
68	10/31/2020	R	F	83948 8	10474	Υ		905627		U074
68	10/31/2020	R	F	92268 8	10067	Υ		905628		U074
68	10/31/2020	R	F	101752 14	10572		F	905629		SP20
68	10/31/2020		F	79747 2	10410			905630		N005
68	10/31/2020		F	136442 76				905631		SP20
68	10/31/2020		F	63377 6		Y	_	905632		U072
168	10/31/2020		F	87235 2		Y	P	905633		U074
68	10/31/2020		F	83948 8		Υ	Р	905634		U074
168	10/31/2020		F	113992 7			P	905635		SP20
68	10/31/2020		F	106954 27			T	905636		SP20
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68	10/31/2020		F	104202 53		т	P	905639		SP20
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68	10/31/2020		F	83948 8		Ý	Р	905641		U074
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68	10/31/2020		F.	89759 5		•	Р	905646		SP20
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68	10/31/2020	R	F	86798 4	10820	Υ		905652		U072
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68	10/31/2020	R	F	92268 8	10821	Υ		905654		U074
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68	10/31/2020	R	F	88004 8	11210	Υ		905658		U072
68	10/31/2020	R	F	117828 89	11210			905659		SP20
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68	10/31/2020		F	117323 18				905662		SP20
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68	10/31/2020		F	90729 6		Υ		905665		U074
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68	10/31/2020		F	84073 6		Υ	Р	905667		U074
68	10/31/2020		F	108105 07			P	905668		SP20
68	10/31/2020		F	114002 95			Р	905669		SP20
168	10/31/2020		F	108226 78			Р	905670		SP20
68	10/31/2020		F	92268 8		Υ		905671		U074
68	10/31/2020		F	112831 08				905672		SP20
68	10/31/2020		F		10474	Υ	_	905673		U074
68	10/31/2020		F	101900			Т	905674		SP20
168	10/31/2020	8	F	86382 4	11202	Υ	Ρ	905675		U074

GLBU	AsOfDate 40/24/2020			PART ANNUAL_RT			F/P/T		e Type	SAL_ADMIN_P LAN
168	10/31/2020		F	92268 8		Y		905676		U074
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168	10/31/2020		F	121707 64				905678		SP20
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168 168	10/31/2020 10/31/2020		F F	84073 6 86382 4		Y Y	P P	905680		U074 U074
168	10/31/2020		F	84073 6		Ϋ́	P	905681 905682		U074
168	10/31/2020		F	84073 6		Ϋ́	P	905683		U074
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168	10/31/2020		F	84073 6		Ϋ́	P	905685		U074
	10/31/2020		F	92268 8		Ϋ́	-	905686		U074
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168			F	109474 94			r	905687 905688		SP20
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168	10/31/2020		F	144337 46				905693		SP20
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168	10/31/2020		۶	85051 2		Y		905700		U074
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168	10/31/2020	R	F	101557 29	10647			905705		SP20
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168	10/31/2020	R	F	84073 6	11202	Υ	Ρ	905707		U074
168	10/31/2020	R	F	104018 95	11096		Р	905708		SP20
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168	10/31/2020	R	F	42577 6	11202	Y	Р	905710		U074
168	10/31/2020	R	F	92268 8	10647	Y		905711		U072
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168	10/31/2020	R	F	91353 6	12810		Т	905715		N027
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168	10/31/2020	R	F	100020 3	10474			905717		SP20
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168	10/31/2020	R	F	88608	10067	Y		905719	i	U074
168	10/31/2020	R	F	88004 8	10067	Υ		905720	ı	U074
168	10/31/2020	R	F	55677 06	10474			905721		SP20
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168	10/31/2020		F	85800		Y	F	905724		U073
168	10/31/2020	R	F	83948 8	11202	Υ	Р	905725	,	U074
168	10/31/2020	R	F	139472 84	11110			905726		SP20
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168	10/31/2020	R	F	111117 79	10474			905729	i	SP20
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168	10/31/2020		F	88608	10067	Y		905731		U074
168	10/31/2020		F	92268 8		Y		905732		U074
168	10/31/2020		F	41329 6		Ý		905733		U072
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168	10/31/2020		F.	127375 38		•		905735		SP20
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168	10/31/2020		F	91395 2		Ϋ́		905737		U072
168	10/31/2020		F	104737 5		•		905737		SP20
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168	10/31/2020		F	84073 6		Υ		905744		U074
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168	10/31/2020		F	122262 75			Т	905747		SP20
168	10/31/2020		F	103287 55				905748		SP20
168	10/31/2020		F	96468 74				905749		SP20
168	10/31/2020	R	F	83948 8	10474	Υ		905750	ı	U074
168	10/31/2020	R	F	117661 38	10572		F	905751		SP20
168	10/31/2020	R	F	119847 22	11202		Р	905752	:	SP20
168	10/31/2020	R	F	135293 1	11110			905753	i	SP20
168	10/31/2020		F	90729 6		Υ	Р	905754		U074
168	10/31/2020		F	112404 97			Т	905755		SP20
168	10/31/2020		F	105421 08				905756		SP20
	10/31/2020		F	91353 6			Т	905757		N027
168										
168 168		R	F	156397.81	11210			905758	1	SP20
168 168 168	10/31/2020 10/31/2020		F F	156397 81 105700 12			т	905758 905759		SP20 SP20

GLBU 168	AsOfDate 10/31/2020		FULL_	_PART ANNUAL_RT 111459 5		TYPE Flag	F/P/T	Row Match 905761	Increas e Type	SAL_ADN LAN SP20	·*************************************
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168	10/31/2020	R	F	240000	11528			905764		SP20	
168	10/31/2020	R	F	116338 62	12810		٣	905765		SP20	
168	10/31/2020	R	F	85800	10474	Υ		905766		U074	
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68	10/31/2020		F	80912		Υ	Р	905768		U074	
68	10/31/2020		F	88608		Υ		905769		U074	
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168	10/31/2020		F	138012 27				905772		SP20	
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68	10/31/2020		F	104852 39				905774		SP20	
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68 68	10/31/2020		F	83512 92268 8		Y		905776		U074 U072	
68	10/31/2020		F	96820		Ţ		905778		SP20	
68	10/31/2020		F	100665 57				905779		SP20	
168	10/31/2020		F	88608		Υ		905780		U074	
68	10/31/2020		F	117090		'		905780		SP20	
68	10/31/2020		F	98580			F	905782		SP20	
68	10/31/2020		F	106012 82			P	905783		SP20	
68	10/31/2020		F.	92268 8		Υ		905784		U074	
68	10/31/2020		F	106303 13			P	905785		SP20	
68	10/31/2020		F	91353 6		Υ	P	905786		U074	
68	10/31/2020		F	91353 6		•	T	905786			
68	10/31/2020		F	83512		Υ		905788		N027 U072	
68	10/31/2020		F	81473 6		Ϋ́		905789		U072	
168	10/31/2020		F	80912		Ý	Р	905799		U074	
68	10/31/2020		F	83948 8		Ϋ́	F	905790		U074	
68	10/31/2020		F	90729 6		Ý		905791		U074	
68	10/31/2020		F	82326 4		Ý		905792		U072	
68	10/31/2020		F	83948 8		Ý	Р	905793		U074	
68	10/31/2020		F	91353 6		Y	P	905794		U074	
168	10/31/2020		F	90688		Ý	Г	905796		U073	
168	10/31/2020		F	80912		Ý	Р	905797		U074	
68	10/31/2020		F	90256 07			F	905798		SP20	
68	10/31/2020		F	90729 6		Υ		905799		U074	
68	10/31/2020		F	90729 6		Ϋ́		905800		U074	
68	10/31/2020		F	83948 8		Ý		905801		U074	
68	10/31/2020		F	91353 6		Ÿ		905802		U074	
68	10/31/2020		F	104578 15			F	905803		SP20	
68	10/31/2020		F	81473 6		Υ		905804		U074	
68	10/31/2020		F	84073 6		Ý		905805		U074	
68	10/31/2020		F	83948 8		Ý	Р	905806		U074	
68	10/31/2020		F	114920		•		905807		SP20	
68	10/31/2020		F	65291 2				905808		N057	
68	10/31/2020		F	65291 2				905809		N057	
168	10/31/2020		F	63377 6		Υ		905810		U074	
68	10/31/2020		F	64708 8		Ý		905811		U072	
68	10/31/2020		F	64355 2		Y		905812		U074	
168	10/31/2020		F	91353 6	10474	Y		905813		U074	
168	10/31/2020		F	92268 8		Y		905814		U072	
68	10/31/2020		F	91353 6		Υ	P	905815		U074	
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68	10/31/2020		F	80912	12810		Т	905817		N027	
68	10/31/2020	R	F	91353 6			T	905818		N027	
68	10/31/2020		F	87235 2		Y		905819		U074	
168	10/31/2020	R	F	62441 6	13141		Т	905820		N027	
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168	10/31/2020		F	83948 8		Υ	Р	905822		U074	
168	10/31/2020	R	F	87235 2	10474	Υ		905823		U074	
68	10/31/2020	R	F	87235 2		Y		905824		U074	
68	10/31/2020	R	F	83948 8	10474	Υ		905825		U074	
68	10/31/2020	R	F	106575				905826		SP20	
168	10/31/2020	R	F	126270	10572		F	905827		SP20	
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68	10/31/2020		F	105501 87				905830		SP20	
68	10/31/2020		F	83948 8	10474	Υ		905831		U074	
68	10/31/2020		F	92268 8		Υ		905832		U072	
68	10/31/2020		F	94244 8		Y		905833		U074	
68	10/31/2020		F	90729 6		Y		905834		U074	
68	10/31/2020		F	106714 04				905835		SP20	
68	10/31/2020		F	65291 2		Υ		905836		U074	
68	10/31/2020		F	84073 6		Ý	F	905837		U073	
68	10/31/2020		F	83948 8		Ÿ	F	905838		U073	
68	10/31/2020		F	85051 2		Ý		905839		U072	
68	10/31/2020		F	127363 15		•		905840		SP20	
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68	10/31/2020		F	83948 8		Υ	•	905842		U074	
168	10/31/2020		F	90729 6		Ϋ́Υ	P	905842		U074	
	10/31/2020		F	90688		Ϋ́	٢	905844		U073	
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GLBU 168	AsOfDate 10/31/2020		TEMP	FULL_	PART ANNUAL_RT 60091 2		TYPE Flag	F/P/T	Row Match 905846	Increas e Type	SAL_ADMIN_ LAN N005
168	10/31/2020			F	101613 83			F	905847		SP20
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168	10/31/2020			F	84073 6		Υ	F	905849		U073
168	10/31/2020			F	84073 6		Ϋ́	F	905850		U073
68	10/31/2020			F	92268 8		Ÿ	,	905851		U072
168	10/31/2020			F	162503		•		905852		SP20
168	10/31/2020			F	81473 6		Υ		905853		U072
168	10/31/2020			F	86798 4		Ý		905854		U072
168	10/31/2020			F	80912		Ý	Р	905855		U074
	10/31/2020			F	94244 8		Ϋ́	F			
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168	10/31/2020			F	86798 4		Υ		905857		U072
168	10/31/2020			F	104643			_	905858		SP20
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168	10/31/2020			F	99000			_	905860		SP20
68	10/31/2020			F	83948 8		Υ	F	905861		U073
68	10/31/2020			F	104703 31			F	905862		SP20
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68	10/31/2020	R		F	65291 2	11503	Υ		905865		U074
68	10/31/2020	R		F	104126 4	10572		F	905866		SP20
68	10/31/2020	R		۶	99571 53	10474			905867		SP20
68	10/31/2020	R		F	87235 2	11202	Υ	P	905868		U074
68	10/31/2020	R		F	91353 6	10474	Υ		905869		U074
68	10/31/2020	R		F	90729 6	10474	Υ		905870		U074
68	10/31/2020			F	91395 2		Υ		905871		U072
168	10/31/2020			F	112850 36			F	905872		SP20
68	10/31/2020			F	88608		Υ		905873		U072
168	10/31/2020			F	94244 8		Y	P	905874		U074
168	10/31/2020			F.	125569 5		·	F	905875		SP20
168	10/31/2020			F	84073 6		Υ		905876		U074
68	10/31/2020			F	87235 2		Ý		905877		U074
				F							
168	10/31/2020				90729 6		Y		905878 905879		U074
68	10/31/2020			F	84073 6		Y				U074
168	10/31/2020			F	63377 6		Y	_	905880		U072
168	10/31/2020			F	80912		Y	F	905881		U073
168	10/31/2020			F	80912		Υ	Р	905882		U074
168	10/31/2020			F	81473 6		Υ		905883		U072
168	10/31/2020			F	83948 8		Υ		905884		U074
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168	10/31/2020	R		F	64480 849	10410			905886		WTUN
168	10/31/2020	R		F	93264 43	11110			905887		SP20
168	10/31/2020	R		F	85800	10474	Υ		905888		U074
168	10/31/2020	R		F	88608	10647	Υ		905889		U072
168	10/31/2020	R		F	154875	11528			905890		SP20
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168	10/31/2020			F	87235 2		Y		905893		U074
168	10/31/2020			F		11210	Ϋ́		905894		U072
168	10/31/2020			F	88608		Ý		905895		U072
168	10/31/2020			F	91353 6		Ý		905896		U074
168	10/31/2020			F		12803	Y				
				F			Y	F	905897		U073
168	10/31/2020				94244 8		Y		905898		U073
168	10/31/2020			F	91409 75			F	905899		SP20
168	10/31/2020			F	55007 56			F	905900		SP20
168	10/31/2020			F	131091				905901		SP20
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168	10/31/2020			F	85800		Ý		905913		U074
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168	10/31/2020			F	87235 2		Υ	P	905923		U074
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	10/31/2020	R		F	54138 33	12810		Т	905929		SP20
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GLBU 168	AsOfDate 10/31/2020		FULL	PART ANNUAL_RT 83948 8		TYPE Flag	F/P/Ţ	Row Match 905931	Increas e Type	SAL_ADMIN_P LAN U074
168	10/31/2020		F	83948 8		Ý		905932		U074
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168	10/31/2020		F	83948 8		.,	Ţ	905961		N027
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168 168	10/31/2020		F	84073.6	12810		T T	905963 905964		N027 N027
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168	10/31/2020		F	91353 6			T	905979		N027
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168	10/31/2020		F	84073 6			Т	905989		N027
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168 168	10/31/2020		F	64489 972 64920 918				906006		WTUN WTUN
168	10/31/2020		F		12810		т	906007		N027
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168	10/31/2020		F	86798 4		Υ		906014		U072
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SLBU	AsOfDate 40/24/2020		FULL_PART ANNUAL_RT			F/P/T		Increas e Type	LAN
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68 68	10/31/2020 10/31/2020		F 53200 31 F 68279 56				906017 906018		SP20 SP20
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68	10/31/2020		F 87235 2		Ÿ	F	906020		U074
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58	10/31/2020	R	F 98580	10572		F	906031		SP20
88	10/31/2020		F 87235 2			Τ	906032		N027
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88	10/31/2020			10474	Y		906036		U074
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88	10/31/2020			10474	Y	-	906043		U074
8	10/31/2020		F 137277 03			P	906044		SP20
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88	10/31/2020				Υ	F	906046		U073
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8	10/31/2020		F 91353 6 F 84073 6		ř	T	906050 906051		U074 N027
88 88	10/31/2020		F 87235 2		Y	F	906051		U073
88	10/31/2020		F 87235 2		Ϋ́	F	906052		U073
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58	10/31/2020		F 93297 2			ρ	906064		SP20
68	10/31/2020			10572	Υ	F	906065		U073
88	10/31/2020	R	F 84073 6	12810		Т	906066		N027
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68	10/31/2020		F 87235 2		Y	-	906083		U074
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58	10/31/2020		F 91353 6			T	906085		N027
88	10/31/2020		F 87235 2		Υ	_	906086		U074
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8	10/31/2020		F 84073 6			Т	906088		N027

GLBU			LL_PART ANNUAL_RT				Row Match	Increas e Type	LAN
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68 68	10/31/2020 F		101970 84073 6		Υ	F	906094 906095		SP20 U073
68	10/31/2020 F		84073 6		Ý	P	906096		U074
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68	10/31/2020 F		80912		Ý	F	906098		U073
68	10/31/2020 F		80912		Ϋ́	F	906099		U073
68	10/31/2020 F		94244 8			Ť	906100		N027
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68	10/31/2020		42087 03		v	Ţ	906127		SP20
68 68	10/31/2020 [66622 4 56736 28		Υ	F	906128		U073
	10/31/2020 F 10/31/2020 F		87235 2		Υ		906129 906130		SP20 U074
168 168	10/31/2020		84073 6		Y		906131		U074
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68	10/31/2020		46375 8			Р	906145		SP20
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68	10/31/2020		80912			T	906147		N027
68	10/31/2020		78499 2		Υ		906148		U072
68	10/31/2020		84073 6		Y	P	906149		U074
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68	10/31/2020 1		87235 2		Y		906165		U074
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168	10/31/2020 [83948 8		Y		906170		U074
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68 68	10/31/2020		55473 6		Y	F	906174		U073

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9	10/31/2020		F 57904 88				906187		SP20
9	10/31/2020		F 65332 8		Υ		906188		U073
9	10/31/2020		F 90833 6		Υ		906189		U073
9	10/31/2020		F 122600 48				906190		SP20
9	10/31/2020		F 105575 74				906191		SP20
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9	10/31/2020		F 166440 25 F 90833 6		~		906198		SP20
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9	10/31/2020	R	F 61918 83	12635			906248		SP20
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9	10/31/2020			11764	Y		906252		U072
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9	10/31/2020	R	F 96971 3	10494			906254		SP20
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159			F	101054 61 70782 4		V	906495		SP20
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159 159	10/31/2020		F	94328 94328		Y Y	906498 906499		U072 U072
159	10/31/2020		F	90833 6		Y	906499		U072
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159	10/31/2020		F	87318 4		Y	906504		U072
159	10/31/2020		F	70782 4		Ϋ́	906505		U072
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159	10/31/2020		F	69139 2		Ϋ́Υ	906507		U072
159	10/31/2020		F	94328		Ϋ́	906507		U072
159	10/31/2020		F	71445 09			906508		SP20
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159	10/31/2020		F	90833 6 55556 8		Ϋ́Υ	906510		U072
159	10/31/2020		F	94328		Ϋ́Υ	906512		U072
159	10/31/2020		F	87318 4		Ý	906513		U072
159	10/31/2020		F	94328		Y	906514		U072
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GLBU	AsOfDate 40/24/2020		ULL_PART ANNUAL_RT			Row F/P/T Match	e Type	SAL_ADMIN_F
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59	10/31/2020		87318 4		Υ	906517		U072
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59	10/31/2020		109290 63	13091		906519		SP20
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59	10/31/2020	R F	55556 8	11752	Y	906522		U072
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59	10/31/2020	R F	80745 6	11281	Y	906535		U072
59	10/31/2020		100000		•	906536		SP20
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59 50	10/31/2020				ı	906537		
59	10/31/2020		49374 12			906538		SP20
59	10/31/2020		44572 26			906539		SP20
59	10/31/2020		44945 28			906540		SP20
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59	10/31/2020		65332 8	10160	Υ	906542		U072
59	10/31/2020		87318 4		Υ	906543		U072
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59 59								
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59	10/31/2020		90958 4		Υ	906548		U072
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59	10/31/2020	R F	87318 4	11763	Υ	906550		U072
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59	10/31/2020		87027 2	12560	Υ	906558		U073
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59	10/31/2020	R F	54558 4	11488	Υ	906560		U072
59	10/31/2020	R F	48216	11356		906561		SP20
59	10/31/2020		93268 56			906562		SP20
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59	10/31/2020	R F	91595	13581		906566		SP20
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59	10/31/2020	R F	47129	13646		906568		SP20
59	10/31/2020		87318 4		Y	906569		U072
59	10/31/2020		89000		-	906570		SP20
59	10/31/2020		65686 4		Υ	906571		U072
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59	10/31/2020			10110		906572		SP20
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59	10/31/2020		87318 4	11762	Υ	906574		U072
59	10/31/2020	R F	90833 6	11108	Υ	906575		U072
59	10/31/2020	R F	65332 8	10137	Υ	906576		U073
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59	10/31/2020		94328		Ý	906578		U073
59	10/31/2020							
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								U072
59	10/31/2020				Y	906594		
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35			07040 4	12671	Υ	906598		11072
59	10/31/2020	R F	87318 4	130/1		300330		U073

GLBU			ULL_PART ANNUAL_RT			F/P/T Match	Increas e Type	SAL_ADMIN_P LAN
159	10/31/2020		87318 4		Y	906600		U072
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159	10/31/2020 10/31/2020				Υ	906603 906604		U073 SP20
159	10/31/2020				Υ	906605		U072
159	10/31/2020				Ϋ́	906606		U072
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159	10/31/2020					906609		SP20
159	10/31/2020					906610		SP20
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159	10/31/2020					906612		SP20
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159	10/31/2020	R F	46314	13646		906617		SP20
159	10/31/2020	R F	70988 82	11236		906618		SP20
159	10/31/2020	R F	53414 4	13086	Y	906619		U072
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159	10/31/2020				Υ	906628		U072
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159	10/31/2020					906630		SP20
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159	10/31/2020				Υ	906632		U072
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159	10/31/2020		69846 4		Y	906635		U072
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159	10/31/2020				Y	906640		U072
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159	10/31/2020				Y	906643		U072
159	10/31/2020				Y	906644		U072
159	10/31/2020				Υ	906645		U072
159	10/31/2020					906646		SP20
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159 159	10/31/2020 10/31/2020				Y Y	906648		U073
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159	10/31/2020		63003.2	11762	Y	906673		U072
159	10/31/2020				Y	906674		U072
159	10/31/2020	R F	50107 2	13112	Y	906675		U072
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159	10/31/2020				Y	906679		U072
159	10/31/2020					906680		SP20
159	10/31/2020				Y	906681		U072
					Ý	906682		U072
159	10/31/2020	r r						
	10/31/2020 10/31/2020				Ϋ́	906683		U072

159	AsOfDate 10/31/2020		FULL.	PART ANNUAL_RT 87318 4		Y_TYPE Flag Y	F/P/T Matcl		SAL_ADMIN_F LAN U073
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194	10/31/2020		F	103000				6712	SP20
194	10/31/2020		F	115952 66				6713	SP20
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194	10/31/2020	R	F	120511 61	13491		90	6715	SP20
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194 194	10/31/2020 10/31/2020		F	90833 6 117600				6729	SP20
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	10/31/2020	ĸ							
194 194 194	10/31/2020 10/31/2020		F	96844 8		Y		6766	U072
194		R			13490		90	6766 6767	
194 194	10/31/2020	R R	F	96844 8	13490 13565	Υ	90 90		U072

194	GLBU				PART ANNUAL_RT			Row F/P/T Match	Increas e Type	SAL_ADMIN_P
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61	10/31/2020		F	97026 72		'	906866		SP20
61	10/31/2020		F	90833 6		Υ	906867		U074
61	10/31/2020		F	89104 95		· ·	906868		SP20
61	10/31/2020		F	107640			906869		SP20
61	10/31/2020		F	65332 8		Υ	906870		U073
61	10/31/2020		F	83491 2		Ϋ́	906871		U073
61	10/31/2020		F	90833 6		Y	906872		U074
61	10/31/2020		F		11768	Ý	906873		U074
61	10/31/2020		F		11768	Y	906874		U074
61	10/31/2020		۶	76793 6		Υ	906875		U073
61	10/31/2020		F		11766	Y	906876		U073
61	10/31/2020		F	90833 6		Y	906877		U074
61	10/31/2020		F		12703		906878		SP20
61	10/31/2020		F	90833 6		Υ	906879		U074
61	10/31/2020		F	90833 6		Ý	906880		U074
61	10/31/2020		F	65332 8		Y	906881		U074
61	10/31/2020		F	112981 37			906882		SP20
61	10/31/2020		F	112141 2			906883		SP20
61	10/31/2020	R	F	94328	13670	Υ	906884		U074
61	10/31/2020	R	F	102299 79	12280		906885		SP20
61	10/31/2020	R	F	45917 21	12280		906886		SP20
61	10/31/2020	R	F	90833 6	11571	Y	906887		U074
61	10/31/2020	R	F	90833 6	11571	Υ	906888		U074
61	10/31/2020	R	F	150882 22	10346		906889		SP20
61	10/31/2020	R	F	90833 6	13676	Y	906890		U073
61	10/31/2020	R	F	90833 6	11494	Y	906891		U074
61	10/31/2020	R	F	47250	11574		906892		SP20
61	10/31/2020	R	F	102000	12952		906893		SP20
61	10/31/2020	R	F	90833 6	11574	Υ	906894		U074
61	10/31/2020	R	F	90833 6	11574	Υ	906895		U074
61	10/31/2020		F		12450		906896		SP20
61	10/31/2020		F	115325 72			906897		SP20
61	10/31/2020		F	49039 42			906898		SP20
61	10/31/2020		F	87016 9			906899		SP20
61	10/31/2020		F	90833 6		Υ	906900		U074
61	10/31/2020		F	87318 4		Y	906901		U073
61	10/31/2020		F	65124 8		Υ	906902		U074
61	10/31/2020		F	90833 6		Y	906903		U074
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61	10/31/2020		F	90833 6		Y	906907		U074
61	10/31/2020		F	76793 6		Y	906908		U074
61 61	10/31/2020		F	80059 13 87318 4		~	906909		SP20
61 61	10/31/2020		F	87318 4 89939 2	_	Y	906910		U073 U074
61	10/31/2020		F			Y	906911		U073
61	10/31/2020 10/31/2020		F	40934 4 84004 9		Υ	906912 906913		0073 SP20
161 161	10/31/2020		F	133678 83			906914		SP20 SP20
61	10/31/2020		F	65332 8		Υ	906915		U074
61	10/31/2020		F		13414	'	906916		SP20
61	10/31/2020		F	110192 56			906917		SP20
61	10/31/2020		F	85807 76			906918		SP20
61	10/31/2020		F	121484			906919		SP20
61	10/31/2020		F	76793 6		Υ	906920		U073
61	10/31/2020		F	59758 4		Ÿ	906921		U074
61	10/31/2020		F	59758 4		Ý	906922		U074
61	10/31/2020		F	59758 4		Ý	906923		U073
61	10/31/2020		F		11268	•	906924		SP20
61	10/31/2020		F	90833 6		Υ	906925		U074
61	10/31/2020		F	76793 6		Ý	906926		U074
61	10/31/2020		F	115949 49			906927		SP20
61	10/31/2020		F		13670	Υ	906928		U074
61	10/31/2020		F	90833 6		Ý	906929		U074
61	10/31/2020		F	65686 4		Y Y	906930		U074
61	10/31/2020		F	82774 95		•	906931		SP20
61	10/31/2020		F	90833 6		Y	906932		U074
61	10/31/2020		F		13667	Ϋ́	906933		U074
61	10/31/2020		F	111263 4		•	906934		SP20
i61	10/31/2020		F	95507 489		Y	906935		U074
61	10/31/2020		F	90833 6		Ϋ́	906936		U074
161	10/31/2020		F	76793 6		Ý	906937		U074
- I							906938		
161	10/31/2020	R	F	68957	10919	Y			U073

GLBU 161	AsOfDate 10/31/2020		FULL_PART ANNUAL_RT F 89939 2		Y_TYPE Flag	F/P/T	Row Match	Increas e Type	SAL_ADMII LAN U073
61	10/31/2020			13581	r		906940 906941		SP20
61	10/31/2020		F 90833 6		Υ		906942		U073
61	10/31/2020		F 85404 8		Ϋ́		906943		U074
31	10/31/2020		F 87318 4		Ÿ		906944		U074
i1	10/31/2020		F 90833 6		Ý		906945		U073
1	10/31/2020		F 59758 4		Ý		906946		U074
1	10/31/2020		F 73388 11				906947		SP20
11	10/31/2020	R	F 87027 2	12560	Y		906948		U074
1	10/31/2020	R	F 94328	13677	Y		906949		U073
1	10/31/2020	R	F 90833 6	13676	Υ		906950		U073
1	10/31/2020	R	F 54558 4	11268	Υ		906951		U074
1	10/31/2020	R	F 59758 4	10919	Υ		906952		U073
1	10/31/2020	R	F 90833 6	11494	Υ		906953		U074
1	10/31/2020	R	F 94328	11766	Υ		906954		U073
1	10/31/2020	R	F 94328	11768	Υ		906955		U074
1	10/31/2020	R	F 48662 78	11768			906956		SP20
1	10/31/2020	R	F 90833 6	13676	Y		906957		U073
1	10/31/2020	R	F 90833 6	11494	Υ		906958		U074
1	10/31/2020	R	F 89939 2	12560	Υ		906959		U073
1	10/31/2020	R	F 87318 4	12750	Υ		906960		U074
1	10/31/2020	R	F 94328	11768	Y		906961		U074
1	10/31/2020	R	F 101098	12952			906962		SP20
1	10/31/2020	R	F 87318 4	11768	Y		906963		U074
i	10/31/2020	R	F 94328	13670	Υ		906964		U074
1	10/31/2020	R	F 87318 4	13677	Υ		906965		U073
l	10/31/2020	R	F 87318 4	12750	Υ		906966		U074
1	10/31/2020	R	F 87318 4	11768	Υ		906967		U074
1	10/31/2020	R	F 76793 6	11499	Υ		906968		U074
1	10/31/2020	R	F 94328	13667	Υ		906969		U074
1	10/31/2020	R	F 81440 53	10494			906970		SP20
1	10/31/2020	R	F 94328	11768	Υ		906971		U074
1	10/31/2020	R	F 137695 16	13038			906972		SP20
1	10/31/2020	R	F 87318 4	13667	Υ		906973		U074
1	10/31/2020	R	F 94328	13677	Y		906974		U073
i	10/31/2020	R	F 44773 44	13676			906975		SP20
1	10/31/2020	R	F 65415 59	12426			906976		SP20
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1	10/31/2020	R	F 87318 4	13677	Υ		906978		U073
1	10/31/2020	R	F 61588 8	10505	Υ		906979		U074
1	10/31/2020		F 65956 8		Υ		906980		U074
1	10/31/2020		F 87318 4		Y		906981		U074
1	10/31/2020		F 87318 4	11768	Y		906982		U074
1	10/31/2020	R	F 87318 4	11768	Υ		906983		U074
1	10/31/2020		F 87318 4		Υ		906984		U073
1	10/31/2020		F 87318 4	13677	Υ		906985		U073
1	10/31/2020		F 72550 4		Y		906986		U073
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1	10/31/2020		F 72550 4		Y		906988		U074
1	10/31/2020		F 59758 4		Y		906989		U074
1	10/31/2020		F 87318 4		Y		906990		U073
1	10/31/2020		F 87318 4		Y		906991		U073
1	10/31/2020		F 73881 6	10505	Y		906992		U074
1	10/31/2020		F 65956 8		Y		906993		U073
1	10/31/2020		F 54558 4		Y		906994		U073
1	10/31/2020		F 65332 8		Y		906995		U074
1	10/31/2020		F 87318 4		Y		906996		U074
1	10/31/2020		F 64417 6		Y		906997		U074
1	10/31/2020		F 87318 4		Y		906998		U074
1	10/31/2020		F 72550 4		Y		906999		U073
1	10/31/2020		F 65686 4		Y		907000		U074
1	10/31/2020		F 65686 4		Y		907001		U074
1	10/31/2020		F 65686 4		Y		907002		U074
1	10/31/2020		F 65686 4		Y		907003		U074
1	10/31/2020		F 65834 08				907004		SP20
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1	10/31/2020		F 83707 68				907006		SP20
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1	10/31/2020		F 90833 6		Y		907008		U073
1	10/31/2020		F 52644 8		Y		907009		U074
1	10/31/2020		F 64417 6		Y		907010		U074
	10/31/2020		F 64417 6		Y		907011		U074
1	10/31/2020			10551			907012		SP20
1	10/31/2020		F 135000				907013		SP20
1	10/31/2020		F 69846 4		Υ		907014		U074
1	10/31/2020		F 87318 4		Y		907015		U074
1	10/31/2020		F 64417 6		Υ		907016		U074
1	10/31/2020		F 64417 6	11768	Υ		907017		U074
1	10/31/2020			12703			907018		SP20
1	10/31/2020		F 64417 6		Υ		907019		U073
1	10/31/2020	R	F 87318 4	13670	Y		907020		U074
1	10/31/2020	R	F 63003 2	13667	Υ		907021		U074
1	10/31/2020	R	F 72550 4	13667	Υ		907022		U074
1	10/31/2020		F 72550 4		Y		907023		U074
	10/31/2020		F 71000				907024		SP20

GLBU	AsOfDate	REG_TEMP	FULL	_PART ANNUAL_RT	GL_PAY	_TYPE F	-lag	F/P/T	Row Match	Increas e Type	SAL_ADMIN_F
161	10/31/2020	R	F	46072	11268	١	1		907025		U074
161	10/31/2020	R	F	73000	12703				907026		SP20
161	10/31/2020	R	F	63003 2	10505	`	1		907027		U074
161	10/31/2020	R	F	65000	12450				907028		SP20
161	10/31/2020	R	F	87318 4	11768	١	1		907029		U074
161	10/31/2020	T	F	39520	13670				907030		UNGR
161	10/31/2020	Ŕ	F	61588 8	13667	`	1		907031		U074
161	10/31/2020	R	F	41828 8	11268	1	1		907032		U074
161	10/31/2020	T	F	39520	11768				907033		UNGR

Row Labels	F	P	T	(blank)	Grand Total
10/31/2020	7,604,060	9,861,768	10,058,467	100,557,580	128,081,875
N005				467,355	467,355
N027			7,178,829		7,178,829
N057				130,582	130,582
SP20	2,526,613	3,325 264	2,879,638	43,362,670	52,094,186
U072				21,334,019	21,334,019
U073	5,077,446			11,943,152	17,020,598
U074		6,536,504		22,691,806	29,228,310
UNGR				169,562	169,562
WTUN				458,434	458,434
Grand Total	7,604,060	9,861,768	10,058,467	100,557,580	128,081,875
	50 000%	85 936%	73 333%	100 000%	
SWEPCO portion	3,802,030	8,474,809	7,376,176	100,557,580	120,210,594

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-28:

Refer to WP Schedule A-3.2, page 2 of 3, and provide detailed step-by-step explanations of the calculations of the amounts excluded as financial goals and ½ of funding for the annual incentive compensation adjustment.

Response No. Staff 5-28:

See Staff 5-28 Attachment 1 for the information requested.

Prepared By: Frances K. Bourland Title: Regulatory Acctg Case Mgr

Sponsored By: Michael A. Baird Title: Mng Dir Acctng Policy & Rsrch

SOAH Docket No. 473-21-0538 PUC Docket No. 51415 STAFF's 5th, Q. # STAFF 5-28 Attachment 1 Page 1 of 1

The SWEPCO annual incentive compensation proforma adjustment presented on WP Schedule A-3.2 was developed as follows:

- a. Historic annual incentive compensation loading amounts were gathered by incentive plan, FERC account, fiscal year and month.
- b. 1.0 target amounts by fiscal year and plan were reduced to the portion attributable to the test year (9/12 of 2019 and 3/12 of 2020).
- c. 1.0 target amounts related to union employees by year and plan were reduced to the portion attributable to the test year (9/12 of 2019 and 3/12 of 2020).
- d. 1.0 target amounts related to union employees by year and plan were reduced to reflect billings to co-owners for union employees located at the Flint Creek, Pirkey and Turk facilities to determine the net target amounts attributable to union employees.
- e. The target amounts by fiscal year and plan (part b) are reduced by the net target amounts attributable to union employees (part d) resulting in the target non-union annual incentive amounts by fiscal year and plan.
- f. Based on each plan's specific goals for each year, the percentage of financial based goals are determined and removed from the target non-union annual incentive amounts.
- g. The resulting non-financial based non-union annual incentive amounts (part f) are then reduced by one half of the funding measure for each plan and year. This remaining amount of annual incentive compensation is then added to the net target amounts attributable to union employees (part d) to become the adjusted test year annual incentive compensation.
- h. The distribution of the historic annual incentive compensation information (part a) to FERC accounts is used to distribute the adjusted test year annual incentive compensation.
- i. The difference between the historic amounts (part a) and the adjusted test year amounts (part h) for the O&M FERC accounts become the proforma adjustment on WP Schedule A-3.2.

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-29:

Please refer to the testimony of Andrew R. Carlin at page 31, lines 5-7 which states "The Companies' STI has averaged 154% of target over the last 5 years, which is well above the target level. It is the target level of STI that brings Total Compensation to reasonable and market-competitive levels." Based on the fact that the Companies' STI has averaged 154% above the target level for the past 5 years, quantify how much above market-competitive levels the Companies' employees have earned in each of the last 5 years.

Response No. Staff 5-29:

It is both a generally accepted compensation practice and the Company's practice to measure the market competitiveness of compensation based on target incentive opportunity, not actual payouts. This is likely because actual payouts can and generally do vary based on many factors that cannot be adequately captured in market compensation surveys, such as the degree of difficulty of STI goals; the totality of individual employee, department, group and company performance for all comparators; and externalities that effect STI goal performance at each of these levels, such as commodity prices. Therefore, the Company does not consider the use of actual STI payouts to be good way to measure the market competitiveness of compensation and has not performed such an analysis so this information does not exist.

In addition, unlike base pay, the target level of STI compensation represents an economic opportunity. Both current and potential employees understand that their actual STI compensation could be lower or higher depending on many factors. It is employees' expectations that they are likely to receive at least the target level of STI compensation on average over time that enables the Company to use STI compensation as an integral component of the market competitive total compensation it offers, rather than as a bonus on top of already market competitive compensation. These employee expectations are bolstered by the Company's history of above target payouts, which better enables the company to attract and retain suitable employees and this is in customers' interests.

Furthermore, the Company is requesting recovery of the 1.0 target level of STI in this case, not any above target portion.

Prepared By: Anthony J. Sutor Title: Regulatory Consultant Prin

Sponsored By: Andrew R. Carlin Title: Dir Comp & Executive Benefits

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-30:

Refer to the testimony of Michael A. Baird at page 26, lines 11-13. Where is SWEPCO's direct supplemental pension plan expense removed in the Company's request? Provide cites to the relevant pro forma adjustment that includes the amounts removed by FERC account (both expensed and capitalized).

Response No. Staff 5-30:

The supplemental pension plan expense was removed on Adjustment 3.10. Please see WP A-3.10, provided as Staff 5-30 Attachment 1. As can be seen on this workpaper, SERP amounts of \$7,966 and \$85,215 were removed from FERC Account 926.

Prepared By: Randall W. Hamlett Title: Dir Regulatory Acctg Svcs

Sponsored By: Michael A. Baird Title: Mng Dir Acctng Policy & Rsrch

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SOUTHWESTERN ELECTRIC POWER COMPANY Pension Expense For the Test Year Ended March 31, 2020

Line <u>No</u>	(1) <u>Description</u>	(2) Schedule A <u>Reference</u>	(3) Workpaper <u>Reference</u>	(4) Acct <u>Reference</u>	(5) Exp Amt <u>As Adjusted</u>	(6) TY Amt Per <u>Books</u>	(7) Total <u>Adjustment</u>
1	Pension Expense	Sch A, In 4	WP/A-3 10	926	6,970,767	4,320,953	\$2,649,813
2	Total				6,970,767	4,320,953	2,649,813

<u>Justification for requested adjustment</u>

Adjust pension expense to reflect 2019 actuarial study as described in the testimonies of Mr. Michael Baird

ASC	715-30 (SFAS 87) Pension Expense		
Test Year Pension Expense			
A/C 9260003 - Pension Plan - Service Cost		8,879,378	
A/C 9260062 - Pension Plan Non Service Cost		(1,433,783)	
A/C 9260050 - Overhead Loading-Pension	(3,031,460)		
		4,414,135	
A/C 9260037 - SERP - Service Costs, Remove from TY Expens	se	(7,966)	
A/C 9260042 - SERP Non Service Costs, Remove from TY Exp	pense	(85,215)	
Total Pension Per Books Expense, Excluding SERP		4,320,953	
Actuarial Report			
2019 ASC 715-30 (SFAS 87) Pension Expense	Service Cost	9,882,001	
2019 ASC 715-30 (SFAS 87) Pension Expense	Non Service Cost	117,360	
		9,999,361	
Payroll O&M Percentage	G-1 3	69 71%	
Pro-Forma Pension Expense		6,970,767	
Pro-Forma Adjustment		2,649,813	9260

SOUTHWESTERN ELECTRIC POWER COMPANY'S RESPONSE TO COMMISSION STAFF'S FIFTH REQUEST FOR INFORMATION

Question No. Staff 5-31:

Please provide separately by FERC account, the dollar amount of affiliate/allocated payroll expensed and capitalized by affiliate during the test year, the adjustments to such amounts, and the total requested amount.

Response No. Staff 5-31:

Please refer to Staff 5-31 Attachment 1 for requested information.

Prepared By: Brian J. Frantz Title: Dir Accounting

Sponsored By: Brian J. Frantz Title: Dir Accounting